

MATERIAL VIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: TARAS-EE, Anna

INCLUSIVE DATES: 9/4/56 - 9/8/63

CUSTODIAL UNIT/LOCATION: Office of Personnel

ROOM: 5E/3

DELETIONS, IF ANY:

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

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TARASOFF, ANNA 10-25935 D

28 March 1957

Mrs. Anna Tarasoff
2819 Gainesville Street, S. E., Apt. 202
Washington, D. C.

Dear Mrs. Tarasoff:

We wish to inform you that the preliminary processing of your application has been accomplished and that you may enter on duty immediately on a temporary basis at Grade GS-4, salary \$1415.00 per annum as Clerk.

Your temporary appointment will be subject to taking an oath of office, signing a loyalty affidavit, and completing a medical examination which will include determination of physical health and emotional stability. If you enter on duty based on this preliminary processing, you will be assigned to the Interim Assignment Section pending the completion of the full processing and a final security interview. The Interim Assignment Section is a "pool" where you will be doing clerical work of a routine nature. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment; otherwise you then will be placed on duty in the position for which employed.

If you are interested in this temporary position please call Mrs. [redacted] on Executive 3-6115, extension 2781, as soon as possible to advise her of the exact date you will report. We would appreciate your selecting a Monday. You may prefer to await the completion of the full processing which will require about 80 to 90 more days. In any event we would appreciate your calling Mrs. [redacted] promptly and informing her of your plans. In the meantime, it is requested that you submit three passport-size photographs of yourself as soon as possible.

Please report to the Receptionist at Curie Hall at 8:15 a.m. and ask for Mrs. [redacted] on the reporting-for-duty date that you establish with this office. Curie Hall is located at the intersection of 23rd Street, Independence Avenue and Ohio Drive, S.W., with entrance on Ohio Drive.

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Employees of this Agency are entitled to the regular United States Government leave and retirement benefits.

The gross salary quoted will be subject to deductions for Federal income tax and 6½ percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance are available to Federal civilian employees. The enclosed pamphlet outlines the features of the program and lists the amount which will be deducted from your salary each pay period for this term insurance. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.

You will not receive a pay check for approximately four weeks after you enter on duty.

If you have any problems, Mrs. [] will be glad to discuss them with you when you call.

Very truly yours,

G. M. Stewart
Director of Personnel

Enclosures (2)
Life Insurance Pamphlet
Map

OP/CURRE 3/bjs(FXXXX (PI)

CONFIDENTIAL

CLERICAL & COMMUNICATIONS REPORT OF INTERVIEW		DATE AND PLACE OF INTERVIEW 2-5 and 2-12-57	CLEARANCE REQUESTED FULL PROFESSIONAL	
NAME (Last - First - Middle) TARASOFF, Anna NMT		SOURCE Husband, ag.ency employee	AVAILABILITY DATE INDICES CLEARANCE REQUESTED	
PERMANENT ADDRESS 2619 Gainesville Street S.E., Washington, D.C. (Apartment 202)		MARITAL STATUS M; 2 children F	SEX F	DATE OF BIRTH 5-5-23
TEMPORARY ADDRESS		TELEPHONE LU 4-1380		TELEPHONE
POSITION RECOMMENDED (Grade and Title) GS-4 Clerk		TEST SCORES		
		LA-5 SILE	TYING	SHORTHAND
ACCEPTABLE STATION		CITIZENSHIP		
<input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> OVERSEAS (Under conditions stipulated) LIMITATIONS o/s per husband's assignments		<input checked="" type="checkbox"/> U.S. BY BIRTH <input type="checkbox"/> U.S. BY NATURALIZATION DATE PREVIOUS NATIONALITY <input type="checkbox"/> OTHER (Specify)		
HEALTH Generally good		FOREIGN RELATIVES No 20-210 claimed		
BACKGROUND AND EVALUATION MILITARY SERVICE, IF ANY (Primary and duty MOS and length of time in each, training, dates of entrance and discharge, areas visited)				
INDICES CLEARANCE <input checked="" type="checkbox"/> (R-10 SO / SG 1c Medical)				
EVALUATION AND BACKGROUND DATA (Include education and work experience)				
Mrs. Taraseff is the wife of Boris Taraseff, FBI employee. She first made application shortly after her husband's EOD while she and the children were still in California. Attempts to have her tested and interviewed on the West Coast were unsuccessful.				
The family is all now gathered in D.C.; the children are in school; arrangements have been made for the care of the children during the lags between the end of the school day and the end of the parents work day.				
Test results are very interesting. It would appear that Mrs. Taraseff should be able to do a most adequate job in a clerical job of the most deadly routine nature. I'm quite sure such positions are available in the Agency.				
Mrs. Taraseff apparently has a reasonably good command of Russian, both spoken and written; I gathered that some of the household conversation is carried on in that language. HOWEVER, I gave her absolutely no assurance that we would be able to utilize this skill.				
She is interested in employment as soon as possible and I discussed an Indices Clearance with her. The Pool, the temporary indefinite appointment, et al., were described in lurid detail. She is willing and interested.				
Personally, I found Mrs. Taraseff to be a very pleasant little woman. She is slight and slender with reddish hair; smiles easily and appears as easy to work with, GS-4 Clerk agreeable and recommended.				
INDICES CLEARANCE REQUESTED <input type="checkbox"/> <small>CONTINUE ON REVERSE SIDE</small> DATE REPORT AND FORMS FORWARDED TO HEADQUARTERS R-10 SO / SG 1c D.L. Mooney, Ch/C, PPD/OP				

CONFIDENTIAL
(When Filled In)

EMPLOYMENT INFORMATION

After my discussion with the field representative, I wish to acknowledge the existence of the following conditions of employment:

A. Qualifications:

- (1) Upon my arrival in Washington I understand I will be tested to determine (a) my general aptitude; (b) my typing skill if I am being considered for a typing position, the minimum standards for which are 40 words per minute net speed; (c) my stenographic skill if I am being considered for a stenographic or secretarial position, the minimum standards for which are 80 words per minute accurate transcription with at least 40 words per minute net typing speed.
- (2) I understand that should I fail to meet the minimum standards as outlined above I will be given an opportunity to receive refresher training. As soon as I am able to meet the prescribed standards I will then be assigned to a position within the organization. If, within a reasonable period of time, I should fail to meet the minimum skills requirements, I understand that I will be assigned to a position not requiring specific skills if such a position exists. (For example: An individual initially selected as a Clerk-Typist who is not able to qualify fully as a typist would be assigned to any available clerical position.)

B. Initial Placement:

I understand there are initial placement procedures, including the testing and refresher training outlined above, that may require a period of several weeks before I am given my specific job assignment. I have had explained to me the operations of the interim assignment group where I may expect to receive the testing and refresher training mentioned and where I will work pending my specific job assignment.

C. Overseas Possibilities:

- (1) I have not been promised an overseas assignment. I understand I must demonstrate fully my abilities while on a Washington, D.C. assignment after which I may be considered for whatever positions may exist for which I am qualified. The decision to assign me to an overseas post rests with responsible individuals in the Washington office.
- (2) I understand that from past experience of the organization I may expect to remain on a Washington assignment from 1½ to 2 years before I may be considered for an overseas post.
- (3) I understand that overseas assignments in the clerical and general administrative categories require, for most positions, typing and stenographic skills.

D. General:

I understand that any eventual assignment to a professional type position, if I am qualified for such by specific education, training, or experience, will depend upon the existence of a suitable vacancy and that no promises to the contrary have been made to me.

Date: February 17, 1957

(Anne T. Driscoll)

Signature of Applicant

**CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.**

**Applicant Information
Sheet No. 1**

**To all persons applying for employment
with the Central Intelligence Agency:**

**This paper is the first step in applying for employment or consultant
status with the Central Intelligence Agency. No application may proceed
beyond this first step if the applicant is not in agreement with the
conditions stated below:**

General Considerations:

**1. The National Security Act of 26 July 1947 (Public Law 253, 80th
Congress) which created the Central Intelligence Agency places upon the
Agency the responsibility:**

**a. "to advise the National Security Council in matters concerning
such intelligence activities of the Government departments and agencies
as relate to the national security;**

**b. "to make recommendations to the National Security Council
for the coordination of such intelligence activities of the depart-
ments and agencies of the Government as relate to the national
security;**

**c. "to correlate and evaluate intelligence relating to the
national security, and provide for the appropriate dissemination
of such intelligence within the Government . . . ;**

**d. "to perform, for the benefit of the existing intelligence
agencies, such additional services of common concern as the National
Security Council determines can be more efficiently accomplished
centrally;**

**e. "to perform such other functions and duties related to
intelligence affecting the national security as the National Security
Council may from time to time direct."**

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The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

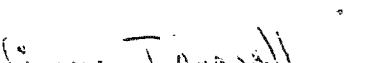
2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.


(Signature of Applicant)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER	2. NAME (Last-First-Middle)			6 September 1963	
025935	TARASOFF, ANNA				
3. NATURE OF PERSONNEL ACTION RESIGNATION (FROM LWOP)			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 9 8 63	5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS VV V TO V CF TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE 4227-1990-1000			8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS/CS/ DEVELOPMENT COMPLEMENT			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE INTELLIGENCE CLERK			12. POSITION NUMBER #9997	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, RS, etc.) GS		15. OCCUPATIONAL SERIES 0301.27	16. GRADE AND STEP GS- 6 4	17. SALARY OR RATE \$ 5545	
18. REMARKS FROM: DDP/CI STAFF/CS/CS/DEVELOPMENT COMPLEMENT/ INTELLIGENCE CLERK/WASH., D.C./# 9997					
<p>Memorandum of Resignation attached cc to Security & Finance</p> <p>Subject is re-employable in the opinion of CI Staff</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Recorded by CSPD <i>ATM</i></div>					
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Byron B. Burns</i>		DATE SIGNED 6/9/63	18B. SIGNATURE OF CAREER SERVICE APPROVING <i>John B. Battat</i>		DATE SIGNED 13 Sept 63
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ANTI-CSE, EMPLOYEE CODE CODE <i>4319</i>	20. OFFICE CODES NUMERIC <i>4319</i>	21. STATION CODE ALPHABETIC <i>4319</i>	22. INTERIC CODE <i>1</i>	23. HIRE DATE CODE <i>05 05 123</i>	24. DATE OF BIRTH MO. DA. YR. <i>05 05 123</i>
25. DATE OF BIRTH MO. DA. YR.	26. SPECIAL REFERENCE CODE <i>1 - CSC 3 - FICA 5 - NONE</i>	27. RETIREMENT DATA CODE <i>1 - CSC 3 - FICA 5 - NONE</i>	28. SEPARATION DATA CODE TYPE <i>1 - CSC</i>	29. CORRECTION/CANCELLATION DATA MO. DA. YR. <i>1 - CSC</i>	30. SECURITY REG. NO. 31. SEX <i>1 - MALE 2 - FEMALE</i>
32. CARRIER CATEGORY CODE <i>1 - CSC 3 - FICA 5 - NONE</i>	33. FEGL / HEALTH INSURANCE CODE <i>1 - MALE 2 - FEMALE</i>	34. SOCIAL SECURITY NO. <i>1 - CSC 3 - FICA 5 - NONE</i>			
35. VET. PREFERENCE CODE <i>1 - NO 2 - 5 PT. 3 - 10 PT.</i>	36. SERV. COMP. DATE MO. DA. YR. <i>1 - CSC 3 - FICA 5 - NONE</i>	37. LONG. COMP. DATE MO. DA. YR. <i>1 - CSC 3 - FICA 5 - NONE</i>	38. FEDERAL TAX DATA CODE <i>1 - CSC 3 - FICA 5 - NONE</i>	39. STATE TAX DATA CODE <i>1 - CSC 3 - FICA 5 - NONE</i>	
40. PREVIOUS DEPARTMENT SERVICE DATA CODE <i>1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 yrs) 4 - BREAK IN SERVICE (MORE THAN 3 yrs)</i>	41. LEAVE CAT. CODE <i>1 - CSC 3 - FICA 5 - NONE</i>	42. FEDERAL TAX DATA CODE <i>1 - CSC 3 - FICA 5 - NONE</i>	43. STATE TAX DATA CODE <i>1 - CSC 3 - FICA 5 - NONE</i>		
44. POSITION CONTROL CERTIFICATION 1956 <i>1 - CSC 3 - FICA 5 - NONE</i>	45. O.P. APPROVAL <i>John B. Battat</i>	46. DATE APPROVED 13 Sept 63			

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(When Filled In)

EMPLOYEE NOTICE OF RESIGNATION

1. RESIGN EFFECTIVE

OFFICE OF PERSONNEL

FOR THE FOLLOWING REASON

(Date)

SEP 17 1 55 PM '63

MAIL ROOM

From L WOOL-
Acc. husband

See attached memo.

MY LAST WORKING DAY WILL BE	DATE SIGNED	SIGNATURE OF EMPLOYEE
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FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, Zone, State)

INSTRUCTIONS

Items 1 thru 7 and Items 9 thru 18a - The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary - Part Time		

Item 9 - "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:

First Line Major Component (Director, Deputy Director, etc.)
 Office, Major Staff, etc.
 Division or Staff (subordinate to first line)
 Branch
 Section
 Unit

Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING - The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

SECRET

MHC 26 SEP 1 63

NOTIFICATION OF PERSONNEL ACTION									
NEF									
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)								
025935	TARASOFF ANNA								
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT			
RESIGNATION FROM LWOP					09 08 63	REGULAR			
6. FUNDS	<input checked="" type="checkbox"/>	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF	4227 1990 1000				
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
11. POSITION TITLE					12. POSITION NUMBER	13. SERVICE DESIGNATION			
INTELLIGENCE CLERK					9997	D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES			16. GRADE AND STEP	17. SALARY OR RATE			
GS		0301.27			06 4	5545			
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		5 June 1963	
025935		TARASOFF, ANNA		1030 06-12-63	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
LWOP REASSIGNMENT and		10 JUN 63		REGULAR	
6. FUNDS		X TO V	V TO CF	7. COST CENTER NO. CHARGED	
		CF TO V	CF TO CE	ABLE	
8. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DDP CI STAFF		WASHINGTON, D.C.			
CS DEVELOPMENT COMPLEMENT					
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
INTELL CLERK		01 9997		D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		0301-27 0320-01		66 4	
17. SALARY OR RATE		5,545.			
18. REMARKS Other: FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS IN/INTELL CLK/WASH., D.C/0151 Employee's last working day 7 June 1963. LWOP (HHS 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance To begin upon expiration of annual leave.					
19. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
Byron B. Bureau CI STAFF		5 Jun 63		h. Bremehan 6/8/63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ATTN	22. EMPLOY. CODE	23. USE IN CODING	24. STATION CODE	25. INTERF. CODE	26. DATE OF BIRTH
38	18	320210 T	25213	1	05/05/23
27. DATE OF DEATH	28. DATE OF LEV.				
29. SEC. REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/ CANCELLATION DATA	33. SECURITY REG. NO.	34. SEC. REG. NO.
NO. DA. YR.	1 - CST 3 - FICA 5 - NONE	CCDF	TYPE	NO. DA. YR.	NO. DA. YR.
35. VET. PREFERENCE	36. SERV. COMM. DATE	37. LONG. COMM. DATE	38. CAREER CATEGORY	39. FEGL / HEALTH INSURANCE	40. SOCIAL SECURITY NO.
CODE 0 - NO 1 - 5 yrs. 2 - 10 yrs.	MO. DA. YR.	MO. DA. YR.	CAR/RESV PROV/TEMP	CODE 0 - DRIVER 1 - YES	CODE 0 - DRIVER 1 - YES
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE PAY CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA		
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)		FORM EXECUTED CODE 1 - YES 2 - NO	45. TAX EXEMPTIONS 1 - YES 2 - NO	CODE 0 - NO 1 - YES	CODE 0 - NO 1 - YES
45. POSITION CONTROL CERTIFICATION			46. O.P. APPROVAL		
12 JUN 63 Byron B. Bureau			h. Bremehan		
47. DATE APPROVED					

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						5 June 1963	
025935		TARASOFF, ANNA							
3. NATURE OF PERSONNEL ACTION								4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT
LNOP AND REASSIGNMENT								MONTH DAY YEAR 6 7 63	REGULAR
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
		CF TO V	CF TO CF	3227-1990-1000					
9. ORGANIZATIONAL DESIGNATIONS								10. LOCATION OF OFFICIAL STATION	
DDP CI STAFF								WASHINGTON, D.C.	
CS DEVELOPMENT COMPLEMENT									
11. POSITION TITLE								12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
INTELL CLERK								01 9997	D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0319.01		6 4		5,545.			
18. REMARKS									
<p>FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INTELL CLK/WASH., D.C./0151</p> <p>Employee's last working day 7 June 1963.</p> <p>LNOP (HHS 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days.</p> <p>cc to security and finance</p>									
19. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED
R. J. Deines CI STAFF				5 Jun 63					
21. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING	22. STATION CODE	23. INTELL. CODE	24. MO/DS/RS	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LN	
		NUMERIC	ALPHABETIC			MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	
28. RTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATE/21.32. CORRECTION/CANCELLATION DATA	32. DATA CODE	33. DATA CODE	34. DATA CODE	35. DATA CODE	36. DATA CODE	37. SECURITY PRO. NO.
MO. DA. YR.		1 - CSC 3 - FICA 5 - NONE							38. SEA
38. VET. PREFERENCES	39. SERV. COMP. DATE	40. LONG. COMP. DATE	41. CAREER CATEGORY	42. FED/HEALTH INSURANCE	43. SOCIAL SECURITY NO.				
CODE	MO. DA. YR.	MO. DA. YR.	CAREER PROV/TEMP	CODE	CODE	0 - UNPAID 1 - YES	1 - YES	1 - YES	
44. PREVIOUS GOVERNMENT SERVICE DATA	45. LEAVE CAT. CODE	46. FEDERAL TAX DATA	47. STATE TAX DATA						
CODE	0 - NO PREVIOUS SERVICE 1 - 1-5 yrs. 2 - 10 yrs.		FORM EXECUTED CODE	AD. TAX EXEMPTIONS	FORM EXECUTED	CODE	NO. TAX STATE CODE		
			1 - YES 2 - NO		1 - YES 2 - NO				
48. POSITION CONTROL CERTIFICATION	49. O.P. APPROVAL						DATE APPROVED		

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED 25 November 1960	
1. SERIAL NUMBER 125935		2. NAME (Last-First-Middle) TARASOFF, ANNA							
3. NATURE OF PERSONNEL ACTION PROMOTION								4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR C.I. C.S. C.I.	
6. FUNDS X		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 1227-1001-10		8. CATEGORY OF EMPLOYMENT REGULAR		9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH	
10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.								11. POSITION TITLE INTELL CLERK -SD-B	
12. POSITION NUMBER 0151		13. PCR CONTROL NO.		14. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS (010101-06-6)		15. OCCUPATIONAL SERIES 0301.27		16. GRADE AND STEP 06 x 2		17. SALARY OR RATE \$ 4,830 - 1995			
18. REMARKS FROM: DDP CI STAFF/SIG/PROJECTS BRANCH/0151 Memorandum of recommendation attached.									
19. SIGNATURE OF REQUESTING OFFICER Byron B. Barnes A/C CI STAFF					20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				
21. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 30 22	20. EMPLOYMENT CODE 03	21. OFFICER CODING ALPHABETIC 32250	22. STATION CODE C.I.	23. WIRELINE CODE 75013	24. MOBILE CODE 1	25. DATE OF BIRTH 05/05/33	26. DATE OF HIRE 01/01/61	27. DATE OF LEA 01/01/61	
28. RATE EXP. RES.		29. SPECIAL REFERENCE	30. PAYMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SECURITY REG. NO. REG. AC.	34. SEE	
35. RET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. SERV. CREDITED	39. FED. / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE 0 - NONE 1 - CSC 2 - FICA 3 - NONE		MO. DAY	MO. DAY	1 - YES 2 - NO	CODE 0 - NONE 1 - CSC 2 - FICA	CODE 0 - NONE 1 - CSC 2 - FICA	41. PREVIOUS GOVERNMENT SERVICE DATA		
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		42. PAYMENT DATA CODE	43. FEDERAL TAX DATA CODE	44. STATE TAX DATA CODE	45. POSITION CONTROL CERTIFICATION	46. I.O.P. APPROVAL			

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Rel.	5. Sex	6. LS-500
125935	TARASOFF ANNA	Mo. Da. Yr. 05 05 23	Non-0 Code 5 PI-1 0	F 2	Mo. Da. Yr. 04 04 57
7. SCD	8. CSC Rtnrt.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI	12. Earnings
Mo. Da. Yr. 04 08 57	Yes-1 No-2 1	50 USCA 403	Mo. Da. Yr. 04 04 57	Yes-1 No-2 2	Mo. Da. Yr. 04 04 57

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH	5412	WASH., D. C.	75013
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. Code USId: 2	INTEL CLK	0151.05	GS 0301.27
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade 25. PSI Due 26. Appropriation Number
04 1 2	\$ 3850.00	DS	Mo. Da. Yr. Mo. Da. Yr. 04 08 57 04 20 58 82700-27 9-2700-17-001

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
Promotion	30	11/10/57	Regular	11	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP/CI Staff Special Projects Div Projects Branch	5412	Washington, D.C.	
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. Code USId: 2	Intel CLK	0151.05	GS 0301.27
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade 42. PSI Due 43. Appropriation Number
5 1	\$ 4040.00 pa	DS	Mo. Da. Yr. Mo. Da. Yr. 11/10/57 11/11/57 9-2700-17-001

SOURCE OF REQUEST

A. Received By (Name And Title)	B. For Additional Information Call (Name & Telephone Ext.)	C. Request Approved By (Signature And Title)
Byron B. Burnes	C/CI Support	S. Herman Horton DC/CI Staff

8537

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	Byron B. Burnes	11/2/57	D. Placement		
B. Pos. Control		11/2/57	E.		
C. Classification			F. Approved By	11/2/57	

Remarks

Promotion recommendations attached.

REQUEST FOR PERSONNEL ACTION

28 February 1958

1. Serial No.	2. Name (Last, First, Middle)	3. Date of Birth	4. Vol. Field	5. Sex	6. C.S. End
125935	TARASOFF ANNA	Mo. Da. Yr. 05 05 23	Non-0 Code 5 Pt-1 10 Pt-2	O F 2	Mo. Da. Yr. 04 08 57
7. SCD	8. CSC Rec'd. CSC Or Other Legal Authority	10. Appt. Alt. Jov.	11. FEGLI	12. LCD	13. Min. Serv. Cred. Ctr.
No. Da. Yr. 04 08 57	Yes-1 Code No-2 1 SO-USCA 403	Mo. Da. Yr.	Yes-1 Code No-2	Mo. Da. Yr. 04 08 57	Yes-1 Code No-2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT	Code	15. Location Of Official Station	Station Code		
		2931 WASH., D. C.	75013		
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series	
Dept : Code USPlid : Frpn : 2	CLERK	GS		0301.26	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
04 1	\$ 3415	UD	Mo. Da. Yr. 04 108 57	Mo. Da. Yr. 04 120 158	8 6509 20

ACTION

27. Nature Of Action Reassignment	Code	28. Eff. Date Mo. Da. Yr. 04 108 57	29. Type Of Employee Regular	Code	30. Separation Date
--------------------------------------	------	---	---------------------------------	------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP/CI Staff Special Projects Division Projects Branch	Code	32. Location Of Official Station	Station Code		
		Washington, D. C.			
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
Dept : Code USPlid : Frpn : D	Intel Clerk	151.05	GS	0301.27-	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
04 1	\$ 3415.00	DS	Mo. Da. Yr. 04 15 57	Mo. Da. Yr. 04 120 158	8-2705-27

SOURCE OF REQUEST

A. Requested By (Name And Title)	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext.) x 4281	<i>W. J. F. 2/20/58</i>

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	<i>G</i>	4 MAR 1958	D. Placement		
B. Pos. Control	<i>G</i>	4 MAR 1958	E.		
C. Classification			F. Approved By		

Remarks temporary double slot with *5/20/58* for slotting purposes only.

To SALARY : *3500*

SECRET

Classify *Proprietary*
Ref. *1000*

REQUEST FOR PERSONNEL ACTION

14. January 1958

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Pref.	5. Sex	6. CS - EOD	
	Mrs. Anna Tarasoff	Mo Da Yr 05 05 23	None-0 Code 5 PI-1 10 PI-2	F	Mo Da Yr	
7. SCD	8. CSC Ref no.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI	12. LCD	13. Mil. Serv. Co.
Mo Da Yr No - 2	Yes - 1 Code	No - 2	Mo Da Yr No - 2	Mo Da Yr No - 2	Mo Da Yr No - 2	Yes - 1 Code No - 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS/PI Staff Division D Project Annex/Project PB Jointly Branch 2 - Section B	Code	15. Location Of Official Station Washington, D. C.	Station Code		
16. Dept.- Field Dept - Usd/ - D Frgn -	17. Position Title Clerk	18. Position No. 8073.12/907	19. Serv. GS	20. Occup. Series 0301.26	
21. Grade & Step G4	22. Salary Or Rate \$ 3415.00	23. SD DS	24. Date Of Grade Mo Da Yr 24 08 57	25. PSI Due Mo Da Yr 24 08 57	26. Appropriation Number 8-2306-23

ACTION

27. Nature Of Action Reassignment	Code	28. Eff. Date Mo Da Yr 24 08 57	29. Type Of Employee Regular	Code	30. Separation Date
--------------------------------------	------	---------------------------------------	---------------------------------	------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section	Code	32. Location Of Official Station Washington, D. C.	Station Code		
33. Dept.- Field Dept - Usd/ - D Frgn -	34. Position Title Clerk	35. Position No.	36. Serv. GS	37. Occup. Series 0301.26	
38. Grade & Step G4	39. Salary Or Rate \$ 3415.00	40. SD UD	41. Date Of Grade Mo Da Yr 24 08 57	42. PSI Due Mo Da Yr 24 08 57	43. Appropriation Number 8-6509-23

SOURCE OF REQUEST

A. Requested By (Name And Title)	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext.) x 1281	<i>John M. Williams</i> Deputy W. Shad

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date	
A. Career Board			D. Placement			
B. Pos. Control			E.			
C. Classification			F. Approved By			
Remarks	<i>Clerk - 1281</i> <i>John M. Williams</i> <i>Jan 5, 1958</i> <i>1/22/58</i> - <i>2 C. D. S.</i>					

FORM 1152a
5-57

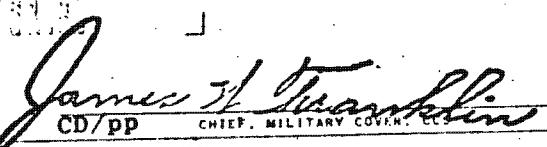
SECRET

SECRET

STANDARD FORM 52 PRODUCED BY THE U. S. GOVERNMENT PRINTING OFFICE: 1950 EDITION GSA GEN. REG. NO. 27 GSA GEN. REG. NO. 27		DEPT. OF DEFENSE	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.
Mrs. Anna Tarasoff		5 May 1923	4. DATE OF REQUEST 26 June 51
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	
Reassignment		B. APPROVED:	
B. POSITION (Specify whether establish, change grade or title, etc.)		7. G.S. OR OTHER LEGAL AUTHORITY If F	
From - Clerk GS-0301.26-4		B. POSITION TITLE AND NUMBER B. SERVICE, GRADE AND SALARY C. ORGANIZATIONAL DESIGNATIONS D. HEADQUARTERS	
BU #5423 \$3415.00 p.s.		D. Clerk GS-0301.26-4 BVP-8073.12/507-4 \$3415.00 p.s.	
DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D. C.		DDP/FI Staff Division D Project Annex Project P B Jointly Branch 2 Section B Washington, D. C.	
<input type="checkbox"/> REG <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL <input type="checkbox"/> DEPARTMENTAL	
8. REMARKS (Use reverse if necessary) Present incumbent is pending reassignment. BLOCKING CLPRK Typist SLOT			
9. REQUESTED BY (Name and title)		D. REQUEST APPROVED BY Signature: Title:	
10. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <input type="checkbox"/> X 4281			
11. VETERAN PREFERENCE NONE <input type="checkbox"/> OTHER <input type="checkbox"/> S.P.T. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> X DISAB. <input type="checkbox"/> OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL SD:DS	
15. APPROPRIATION F <input type="checkbox"/> W <input checked="" type="checkbox"/> FROM 7-6509-20 TO 8-7-2306-23		16. SUBJECT TO G. S. RETIREMENT ACT (YES - NO) Yes	
17. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY) 8 April 1957		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: D. C.	
20. STANDARD FORM 50 REMARKS AVV/ B-3A			
21. CLEARANCES		INITIAL OR SIGNATURE	DATE
A.		<i>AVV</i>	1957
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			
F. APPROVED BY: <i>W. S. SMITH</i>			
G. APPROVED BY: <i>Lydie J. Kuhn</i>			

STANDARD FORM 50 FEBRUARY 1950 G-110-1000 REPLACES FORM 50 MAY 1948 EDITION		DC 19 2216057 C-3238	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.
Mrs. Anna Tarasoff		5 May 1923	19 Feb 57
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		5. EFFECTIVE DATE A. PROPOSED:	6. C. S. OR OTHER LEGAL AUTHORITY
Appointed Appointment 16535			50 USCA 430 J
B. POSITION (Specify whether established, change grade or title, etc.)		7. APPROVED:	5 Apr 57
FROM—		8. POSITION TITLE AND NUMBER	9. SERVICE, GRADE AND SALARY
		10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS
FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		12. FIELD OR DEPARTMENTAL	FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>
A. REMARKS (Use reverse if necessary) Request indices clearance.			
IAS (Unassigned) B. REQUESTED BY (Name and title) C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X-2883 D. REQUEST APPROVED BY Signature: _____ Title: Clerical Placement Officer			
13. VETERAN PREFERENCE NONE / WWII / OTHER / S.P.T. / 10 POINT Y / DISAB / OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> R.R. <input type="checkbox"/>	
15. SEX F <input checked="" type="checkbox"/> FROM TO 7-6509-20		16. APPROPRIATION 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	
18. DATE OF APPOINTMENT 5 Apr 57		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
20. STANDARD FORM 50 REMARKS <i>Subj turned a trial period RL- 153</i>			
21. CLEARANCES A. <input type="checkbox"/> B. CECI OR POS. CONTROL <input type="checkbox"/> C. CLASSIFICATION <input type="checkbox"/> D. PLACEMENT OR EMPL. <input type="checkbox"/> G4 2/18		INITIAL OR SIGNATURE <input type="checkbox"/> DATE <input type="checkbox"/> REMARKS:	
E. <input type="checkbox"/> F. APPR. <input type="checkbox"/>			

SECRET

NOTIFICATION OF CANCELLATION OF MILITARY COVER BACKSTOP		DATE
TO: (CNAME)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	SUBJECT TARASOFF, Anna Forwarding Address: Unknown
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT (For Action) CI	
ATTN:	<input checked="" type="checkbox"/> Support Staff	FILE NO.
REF:	Resignation Debriefing in Absentia	K-111
MILITARY COVER DISCONTINUED		ID CARD NO.
Administrative Support Group, OSA		NA
<input checked="" type="checkbox"/> Unblock Records: (OP Memo 20-800-11) Resignation effective 8 September 1963 in Absentia		
Effective <u>EOB</u>		
<input type="checkbox"/> Submit Form 642 To Change Limitation Category. NA (HB 20-800-2 to be redesignated HHB 20-7)		
<input type="checkbox"/> NA Return All Military Documentation To CCS.		
<input checked="" type="checkbox"/> Remarks: Subject to indicate CIA as place of employment for the entire period.		
<input type="checkbox"/> COPY TO CPD/OP		
DISTRIBUTION: 1-OSD/OS; 1-PSD/OS  CD/PP CHIEF, MILITARY COVER, CCS		

FORM 12-61 1551a

SECRET

 GROUP 1
 Excluded from automatic
 downgrading and declassification

(13-20-43)

JUL 23 1963

~~SECRET~~

C-2532 (Biladean)
5 June 1963

MEMORANDUM FOR: Transactions and Records Branch
Office of Personnel

ATTENTION: Mary Coriden

SUBJECT: Boris D. TARASOFF
Anna TARASOFF

1. Cover arrangements are in process, and/or, have been completed for the above-named subjects.
2. Effective immediately, it is requested that your records be properly blocked to deny subjects' current Agency employment to an external inquirer.

THOMAS K. STRANGE
Deputy Chief, CCS/EC

cc: ID/80

THIS MESSAGE CANNOT BE CANNED
OR TYPED OR FILED

~~SECRET~~

DT

SECRET

19 October 1960

(Date)
File No. K-111

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : Anna TARASOFF

1. Cover arrangements ~~xxxxxxxxxxxxxx~~ have been completed for the above-named Subject.
2. Effective 13 October 1960, it is requested that your records be properly blocked ~~xxxxxxxxxx~~ to deny ~~xxxxxxxxxx~~ Subject's current Agency employment to an external inquirer.
3. Operating component must take necessary action to block ~~xxxxxxxx~~ telephone locator by submitting the Personnel Information Card, "Office File Copy," Form No. 642, to Machine Records Division, Office of the Comptroller, Room 107 Curie Hall, Attention: Miss Wenkenbach.

4 This memorandum confirms an oral request of Ed Fitzgerald,
OCB/OCG, X 2420

Paul P. Stewart
GLEN E. MOORHOUSE
~~xxxxxxxxxxxxxx~~
Acting Chief, Central Cover ~~xxxxxxxx~~ Group

cc: SSD/OS
Operating Division - CI

SECRET

Wm. A. W.

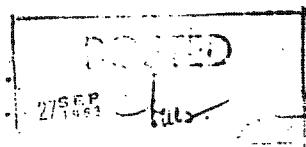
1. LAST NAME	FIRST NAME	INITIAL(S)	2. APPOINTMENT DATA	3. TOTAL SERVICE FOR LEAVE (As of date of separation)
Jordahl, Anna			Entered on duty <u>4-8-57</u> <input checked="" type="checkbox"/> F T <input type="checkbox"/> P/T Subject to Sec. 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Caused to be subject to Sec. 203(d)	Years Months Days <input type="checkbox"/> More than 15 years
4. DATE AND NATURE OF SEPARATION			5. RESUMPTION TO HIOPP 9-8-63	
SUMMARY OF ANNUAL AND SICK LEAVE (Hours)			SUMMARY OF HOME LEAVE (Days)	
3. Balance from prior leave year ended <u>1963</u>	4. Annual	5. Sick	6. Date arrived abroad for HL purposes	REMARKS <u>4-8-57</u>
6. Current leave year accrued through <u>8-31 1963</u>	7. Annual	8. Sick	14. Current balance as of <u>19</u>	
7. Total	102	78	15. 12-month accrual rate	
8. Reduction in credits, if any (current year)	30	20	16. Dates leave used, prior 24 months	
9. Total leave taken	111	56	17. Monthly accrual date	
10. Balance	—	12	18. Calendar days credit for next accrual date	
11. Total hours paid in lump sum	NONE		19. Calendar days credit for next accrual date	
12. Salary rate(s)	<u>65 - 6-4 15545</u>		20. Date basic service period completed	
13. Lump sum leave dates: From _____ to _____ (Hours)			21. Dates during current calendar yr. _____ to _____	
26. Certified correct by: (Signature) _____ (Title) _____	(Date) _____ (Telephone) _____		22. Dates during preceding calendar yr. _____ to _____	
			23. During leave year in which separated	
			24. During 12-month increase waiting period which began on <u>1-6-63</u>	
			25. During 12-month HL accrual period (dates):	
			(WOP or AWOL or Furlough Suspension (Hours))	
			<u>487</u>	

Standard Form No. 1140
GSA GEN. REG. NO. 2
1150-103

RECORD OF LEAVE DATA TRANSFERRED

SECRET
(When Filled In)

MHC: 26 SEPT 63

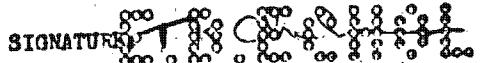
OEF		NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER	2. NAME (LAST/FIRST/MIDDLE)										
025935	TARASOFF ANNA										
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT					
RESIGNATION FROM LWOP					MO. DA. YR.	REGULAR					
6. FUNDS		X	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
			CF TO V		CF TO CF	4227 1990 1000					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP CI STAFF CS/CS DEVELOPMENT COMPLEMENT					WASH., D.C.						
11. POSITION TITLE					12. POSITION NUMBER	13. SERVICE DESIGNATION					
INTELLIGENCE CLERK					9997	D					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE					
GS			0301.27		06 4	5545					
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Mdgts. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
43	18	Numeric	Alphabetic			MO. DA. YR.	MO. DA. YR.	MO. DA. YR.			
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.	34. SEX	
			1. CSC 2. FICA 3. NONE	CODE	1CB006	TYPE	MO. DA. YR.	EOD DATA	REQ. NO.		
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE		38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.		
CODE		MO. DA. YR.	MO. DA. YR.		CAR. RESV. CODE	CODE	0 - WAIVER 1 - YES	HEALTH INS. CODE			
PROV. TEMP.					PROV. TEMP.						
41. PREVIOUS GOVERNMENT SERVICE DATA					42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE					0 - NO PREVIOUS SERVICE. 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	FORM EXECUTED	NO. TAX EXEMPTIONS	FORM EXECUTED	CODE	NO. TAX EXEMPT	
					1 - YES 2 - NO		1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION											
 26 SEP 1963 21 SEP 1963											

SECRET
(When Filled In)

LLG: 29 JUNE 63

NOTIFICATION OF PERSONNEL ACTION														
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)												
025935		TARASOFF ANNA												
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE				5. CATEGORY OF EMPLOYMENT								
REASSIGNMENT AND LWOP (INT 11 SEPT. 1963)		1030 06 12 63				REGULAR								
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY						
		CF TO V		CF TO CF		3227 1990 1000		50 USC 403 J						
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION												
DDP CI. STAFF CS/CS DEVELOPMENT COMPLEMENT		WASH. D.C.												
11. POSITION TITLE		12. POSITION NUMBER				13. SERVICE DESIGNATION								
INTELLIGENCE CLERK		9997				D								
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS		0301.27		06 4		5545								
18. REFERENCES OTHER														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Marit. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI					
38	18	32997	CI	75013	1	05 05 23								
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX					
NO DA. YR		1 - CSC	2 - FICA	3 - TICK	4 - NONE	TYPE	NO DA. YR		EOD DATA					
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FESLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.								
CODE	0 - NOSE 1 - DPT. 2 - IOP	NO DA. YR	NO DA. YR	CAR BINV PROV TEMP	CODE	CODE	0 - OWNER 1 - YES	HEALTH INS. CODE						
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA										
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs.) 3 - BREAK IN SERVICE (MORE THAN 3 yrs.)		FORM EXECUTED: CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE						
45. SIGNATURE OF OTHER AUTHENTICATION						POSTED								
2 JUL 1963						2 JUL 1963								

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME			3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT	
025935	TARASOFF ANNA			32 250	V		
6. OLD SALARY RATE				7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	
GS-06	3	5375	01 07 63	GS-06	4	5515	01 06 63
8. TO BE COMPLETED BY THE OFFICE OF COMPTROLLER							
9. CHECK ONE: <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD				10. NUMBER OF HOURS LWOP			
				10. INITIALS OF CLERK		11. AUDITED BY	
12. TO BE COMPLETED BY THE OFFICE OF PERSONNEL							
13. TYPE OF ACTION <input checked="" type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT				14. REMARKS			
15. AUTHENTICATION I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE:  DATE: 30 Nov. 1962							
16. PAY CHANGE NOTIFICATION							

FORM
560560 OBSOLETE PREVIOUS EDITION
REPLACES FORM 5604 AND 5605.

SECRET

OFFICIAL PERSONNEL FOLDER

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.

NAME	SERIAL	ORGN	OLD FUNDS	OLD GR-ST	NEW SALARY	NEW GR-ST	SALARY
TARASOFF ANNA	025935	32250	V	06 3	\$ 5160	06 3	\$ 5375

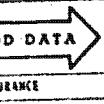
SECRET
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
25935	TARASOFF ANNA	32 250	V	31						
5. OLD SALARY RATE		6. NEW SALARY RATE		7. TYPE ACTION						
Grade	Step	Salary	Last Est. Date	Grade	Step	Salary	Effective Date	PSI	L.S.I.	ADJ.
GS-06	3	5375	01/08/61	GS-06	4	5515	01/07/62			
8. Remarks and Authentication										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD										

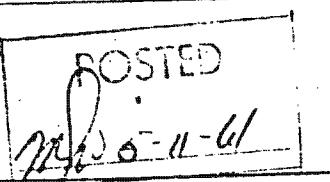
SECRET
(When Filled In)

AES: 10 MAY 61

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)						
025935		TARASOFF, ANNA						
3. NATURE OF PERSONNEL ACTION								
PROMOTION - CORRECTION								
4. FUNDS 		V TO V	V TO CP					
		CP TO V	CP TO CP					
5. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION						
DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH		WASH., D.C.						
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION					
INTELL CLERK		0151	D					
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP					
GS		0301.27	06 2					
17. SALARY OR RATE								
\$4995								
18. REMARKS THIS ACTION CORRECTS SF 1150 EFF 8 JAN 1961 ITEM #16, STEP, WHICH READ 1 TO READ 2 AND ITEM #17, SALARY, WHICH READ \$4830 TO READ \$4995.								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION	20. Employer Code	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Hdr. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST
58	10	32250	CI	75013	1	05 05 23	01 08 61	01 08 61
28. RTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	34. SEC REQ. NO.	
NO DA YR		1 - CBC 2 - FICA 3 - NONE	CODE	TYPE	NO DA YR 01 08 61	EOD DATA 		
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONS. COMP. DATE	38. MIL. SERV. CREDIT/LCD	39. FEGI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE	NO. DA. YR	NO. DA. YR	Y-YES B-NO	CODE	0 - WAIVER 1 - YES	HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)		FORM EXECUTED 1 - YES 2 - NO	NO TAX EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO	CODE	NO TAX EXEMPT	STATE CODE	

SIGNATURE OR OTHER AUTHENTICATION



SECRET

(When Filled In)

AFS: 6 JAN 61

NOTIFICATION OF PERSONNEL ACTION												
OCF												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
025935		TARACOFF ANNA										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION						WQ. DA. YR. 01 00 61		REGULAR				
6. FUNDS		X	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
			CF TO V		CF TO CF	1227 1001 1000		50 USC 403				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
UDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH						WASH., D.C.						
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
INTELL CLERK						0151		D				
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE				
GS			0301.27			06 1		4830				
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. NAGRS. CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI			
22	10	32250 CI		75013		1	05 05 23	01 08 61	01 08 61			
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX			
MO DA YR		1. CSC 2. FICA 3. NONE		CODE	TYPE	MO. DA. YR.						
ECD DATA												
35. VET. PREFERENCE	36. SEBV. COMP. DATE	37. LONG. COMP. DATE	38. MIL. SEBV. CREDIT/ICO	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.						
CODE	0 - NONE 1 - 9 PT 2 - 10 PT	MO DA YR.	MO DA YR.	1 - YES 2 - NO	CODE	CODE	0 - WAIVER 1 - YES	HEALTH INS. CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				FORM EXECUTED	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION												
POSTED MAY 01-16-61												

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1956.

SD.	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
OS	TARASOFF ANNA	125935	54 18	GS-05 2	\$ 4,190	\$ 4,510

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME					3. ASSIGNED ORGAN.			4. FUNDS		5. ALLOTMENT	
125935		TARASOFF ANNA					DDP/CI /			V-20			
6. OLD SALARY RATE						7. NEW SALARY RATE							
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE				
			NO.	DA.	YR.				NO.	DA.	YR.		
GS 05	2	\$ 4,510	11	01	59	GS 05	3	\$ 4,675	10	30	60		
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER													
8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING:						9. NUMBER OF HOURS LWOP							
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD													
						10. INITIALS OF CLERK			11. AUDITED BY				
TO BE COMPLETED BY THE OFFICE OF PERSONNEL													
12. TYPE OF ACTION						13. REMARKS							
<input type="checkbox"/> P.O.I. <input type="checkbox"/> E.O.I. <input type="checkbox"/> PAY ADJUSTMENT													
14. AUTHENTICATION													
O O 67 125 104 00 6													
													
PAY CHANGE NOTIFICATION													

SECRET
(WHEN FILLED DD)

1. EMP. SERIAL NO.	NAME			2. ASSIGNED ORGAN.	3. FUNDS	4. ALLOTMENT						
125935	TARASOFF ANNA			DDP/CT	V-20							
6. OLD SALARY RATE			7. NEW SALARY RATE			EFFECTIVE DATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE		GRADE	STEP	SALARY	DO	DA	YA		
			MO	DA							YA	
GS	5	\$ 4,040	11	02	58	GS	5	2	\$ 4,100	11	01	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											24	
8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING: <input checked="" type="checkbox"/> IN EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD					9. NUMBER OF HOURS LWOP 11.2							
10. INITIALS OF CLERK JW					11. AUDITED BY							
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											11	
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT					13. REMARKS							
14. AUTHENTICATION O O											24	
PAY CHANGE NOTIFICATION											11	
560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B											SECRET OFFICIAL PERSONNEL FOLDER	

F03H
E-38

560

REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESЛОTTING RESULTING
FROM R-20-250

SEQ. #	NAME	SD	OLD SLOT	NEW SLOT	DATE
125935	TARASOFF ANNA	DS	0151.05	151	04/28/59

SECRET

(When Filled In)

AE 11 FEB 1959

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Pref.	5. Sex	6. CS - EOD					
125935	TARASOFF ANNA			Mo. 05	Da. 05	Yr. 23	None-0 5 Pt-1 10 Pt-2	Code 0	Mo. 04	Da. 08	Yr. 57	
7. SCD	8. CSC Retail	9. CSC Or Other Legal Authority	10. Apmnt. Affidav.	11. FEGLI	12. LCD	13. Min. Serv. Credit. EOD						
Mo. 04	Da. 08	Yr. 57	Yes-1 No-2	Code 1	Mo. 04	Da. 08	Yr. 57	Yes-1 No-2	Code 2	Mo. 04	Da. 08	Yr. 57
50 USCA 403 d												

PREVIOUS ASSIGNMENT

14. Organizational Designations			Code	15. Location Of Official Station			Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH				WASH., D.C.				
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occup. Series		
Dept - 2 USId - 4 Frqn - 6	Code 2	INTEL CLK			0151.05	GS	0301.27	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number			
04 2	\$ 3850	D5	Mo. Da. Yr.	Mo. Da. Yr.	8 2705 27			

ACTION

27. Nature Of Action	Code	28. EH. Data	29. Type Of Employee	Code	30. Separation Data
PROMOTION-CORRECTION*	30	Mo. 11 Da. 02 Yr. 58	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations			Code	32. Location Of Official Station			Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH			5418	WASH., D.C.			75013	
33. Dept. - Field	34. Position Title			35. Position No.	36. Serv.	37. Occup. Series		
Dept - 2 USId - 4 Frqn - 6	Code 2	INTEL CLK			0151.05	GS	0301.27	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number			
05 1	\$ 4040	D5	Mo. 11 Da. 02 Yr. 58	Mo. 11 Da. 01 Yr. 59	9 2700 27 001			

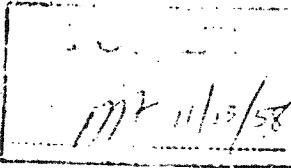
44. Remarks

*THIS CORRECTS SF 1150 EFF 2 NOV 1950 ITEM #14 AND 31 SECOND LINE OF ORGANIZATIONAL DESIGNATIONS, WHICH READ "SPECIAL PROJECTS DIV", TO READ "SPECIAL INVESTIGATION DIVISION."

FOILED

13 FEB 1959

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																					
AES 30 OCT 1958		1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vet. Prof.		5. Sex		6. CS - EOD									
125935		TARASOFF ANNA		Mo. 05		Da. 05		Yr. 23		None-0		Code 10 Pt-1 10 Pt-2 0		Ma. 04		Da. 08		Yr. 57			
7. SCD		8. CSC Recd.		9. CSC Or Other Legal Authority		10. Appt. Altifad.		11. FEGLI		12. LCD		13. <small>Miss. Serv. Code</small>									
Ma. 04		Da. 08		Yr. 57		Mo. 04		Da. 08		Yr. 57		Yes - 1		Code No - 2		Ma. 04		Da. 08		Yr. 57	
14. Organizational Designations		15. Location Of Official Station		16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series									
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH		WASH., D. C.		Dept - 2 Usfld - 4 Frpn - 6		Code 5412 INTEL CLK		0151.05		GS		0301.27									
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number											
04 2		\$ 3850		DS		Mo. 04 Da. 08 Yr. 57		Mo. 04 Da. 20 Yr. 58		8 2705 27											
ACTION																					
27. Nature Of Action		28. EH. Date		29. Type Of Employee		30. Separation Date															
PROMOTION		Code 30 Mo. 11 Da. 02 Yr. 58		REGULAR		Code 01															
PRESENT ASSIGNMENT																					
31. Organizational Designations		32. Location Of Official Station		33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series									
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH		WASH., D.C.		Dept - 2 Usfld - 4 Frpn - 6		Code 5412 INTEL CLK		0151.05		GS		0301.27									
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number											
05 1		\$ 4040		DS		Mo. 11 Da. 102 Yr. 58		Mo. 11 Da. 101 Yr. 59		19 2700 27 001											
44. Remarks																					
																					

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE

12 JANUARY 1958 AUTHORIZED BY P. L. 86 - 462 AND DCI

DIRECTIVE. SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
TARASOFF ANNA	125935	GS-04-2	\$ 3,500	\$ 3,950

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(WHEN FILLED IN)

2705

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT				
125935	TARASOFF ANNA	143 C1	V-20	1507				
6. OLD SALARY RATE			7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE	
GS 4	1	\$ 3,415	04 08 57	GS 4	2	\$ 3,500	04 20 58	
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER								
9. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP			9. NUMBER OF HOURS LWOP					
IF EXCESS LEAVE LWOP, CHECK FOLLOWING:								
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD								
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD								
10. INITIALS OF CLERK <i>[initials]</i> 11. AUDITED BY								
TO BE COMPLETED BY THE OFFICE OF PERSONNEL								
12. PROJECTED SALARY RATE AND EFFECTIVE DATE			13. REMARKS					
GRADE	STEP	SALARY	NO.	DA.	YR.			
14. AUTHENTICATION								
<i>[Handwritten signatures and initials over the table area]</i>								

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT				
125935	TARASOFF ANNA	143 - 51	V-20					
6. OLD SALARY RATE			7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE	
GS 4	1	\$ 3,415	04 08 57	GS 4	2	\$ 3,500	04 20 58	
REMARKS								
CERTIFICATION								

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.

SECRET
(When Filled In)

MCM 7 MAR 58		NOTIFICATION OF PERSONNEL ACTION											
1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD						
125935	TARASOFF ANNA			Mo. 05	Da. 05	Yr. 23	None-U	Code 0	Mo. 04	Da. 08	Yr. 57		
7. SCD	8. CSC Recd.			9. CSC Or Other Legal Authority			10. Appt. Attdav.	11. FEGLI	12. LCD	13. MIL. 300. TCO			
Mo. 04	Da. 08	Yr. 57	Yes - 1	Code 1	No - 2	1	50 USCA 403 J	Mo. 04	Da. 08	Yr. 57	Yes - 1	Code 2	No - 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT			Code 2931	15. Location Of Official Station WASH., D. C.			Station Code 75013
16. Dept. - Field	17. Position Title Dept - 8 Code USId - 4 Frgn - 6 2 CLERK			18. Position No.	19. Serv.	20. Occup. Series	
04 1	\$ 3415	UD	24. Date Of Grade 04 08 57	25. PSI Due 04 20 58	26. Appropriation Number 8 6509 20		

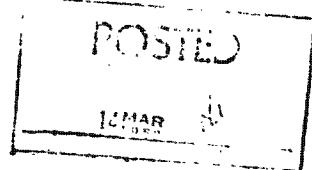
ACTION

27. Nature Of Action REASSIGNMENT		Code 57	28. Eff. Date Mo. 03 Da. 09 Yr. 58	29. Type Of Employee REGULAR	Code 01	30. Separation Date
--------------------------------------	--	---------	---------------------------------------	---------------------------------	---------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP CL STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH			Code 5412	32. Location Of Official Station WASH., D. C.			Station Code 75013
33. Dept. - Field	34. Position Title Dept - 8 Code USId - 4 Frgn - 6 2 INTEL CLK			35. Position No. 0151.05	36. Serv.	37. Occup. Series	GS 0301.27
04 1	\$ 3415	DS	41. Date Of Grade 04 08 57	42. PSI Due 04 20 58	43. Appropriation Number 8 2705 27		

44. Remarks



SECRET
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

ARE: 24 JAN 1958

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
125935	TARASOFF ANNA	Mo. Da. Yr. 05 05 23	Non-0 5 Pt-1 10 Pt-2 0	F 2	Mo. Da. Yr. 04 08 57
7. SCD	8. CSC Retmt.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD
Mo. Da. Yr. 04 08 57	Yes - 1 No - 2 Code 1	50 USCA 403 J	Mo. Da. Yr. Yes-1 No-2	Mo. Da. Yr. 04 08 57	Yes - 1 No - 2 Code 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP FI STAFF DIV D PROJECT ANNEX PROJECT PBJOINTLY BRANCH 2 SECTION B			Code	15. Location Of Official Station WASH., D. C.			Station Code
16. Dept. - Field Dept - 9 USId - 4 Frgn - 6	17. Position Title CLERK			18. Position No. 8073.12/907	19. Serv. GS	20. Occup. Series 0301.26	
21. Grade & Step 04 1	22. Salary Or Rate \$ 3415	23. SD DS	24. Date Of Grade Mo. Da. Yr. 01 01 58	25. PSI Due Mo. Da. Yr. 04 08 57	26. Appropriation Number 8 2306 23		

ACTION

27. Nature Of Action REASSIGNMENT	Code 57	28. EH. Date 01 1 26 58	29. Type Of Employee REGULAR	Code 01	30. Separation Data
--------------------------------------	------------	----------------------------	---------------------------------	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT			Code 2931	32. Location Of Official Station WASH., D. C.			Station Code 75013
33. Dept. - Field Dept - 9 USId - 4 Frgn - 6	34. Position Title CLERK			35. Position No. GS	36. Serv. 0301.26	37. Occup. Series	
38. Grade & Step 04 1	39. Salary Or Rate \$ 3415	40. SD UD	41. Date Of Grade Mo. Da. Yr. 04 08 57	42. PSI Due Mo. Da. Yr. 04 20 58	43. Appropriation Number 8 6509 20		

44. Remarks

3 FEB
64

STANDARD FORM 50 (5 PARTS)
EFT. APRIL 1931
PRECEIVED BY
U. S. Civil Service Commission
CHAPTER 46, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGEN

NOTIFICATION OF PERSONNEL ACTION

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4. PERSONNEL FOLDER COPY

U. S. GOVERNMENT PRINTING OFFICE: 1958-373847

STANDARD FORM 20 (10 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 11, FEDERAL PERSONNEL REGULATIONS

CENTRAL INTELLIGENCE AGENCY

P.C. 19 Mar 1957
C-8238 - 1v1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. MRS. MRS. - SHE GIVEN NAME, INITIALS, AND SURNAME) MRS. ANNA TALMAGEY		2. DATE OF BIRTH 5 May 1923	3. JOURNAL OR ACTION NO. 	4. DATE 8 Apr 1957																																																							
This is to notify you of the following action affecting your employment:																																																											
5. NATURE OF ACTION (use STANDARD TERMINOLOGY) ACCEPTED APPOINTMENT		6. EFFECTIVE DATE 8 Apr 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 403 1																																																								
FROM 		TO 																																																									
		8. POSITION TITLE Clerk	BU/5423																																																								
		9. SERVICE, SERIES, GRADE, SALARY GS-0301.26-4 \$3415.00 per annum																																																									
		10. ORGANIZATIONAL DESIGNATIONS 293199	11. HEADQUARTERS Washington, D.C.																																																								
FIELD 		12. FIELD OR DEPT'L 2	FIELD 	DEPARTMENTAL X																																																							
13. VETERAN'S PREFERENCE <table border="1"><tr><td rowspan="2">NONE</td><td rowspan="2">WWII</td><td rowspan="2">OTHER</td><td>3 PT</td><td>10-POINT</td></tr><tr><td>DIS</td><td>DISRES</td></tr></table>					NONE	WWII	OTHER	3 PT	10-POINT	DIS	DISRES																																																
NONE	WWII	OTHER	3 PT	10-POINT																																																							
			DIS	DISRES																																																							
14. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>NEW</td><td>VICE</td><td>I. A.</td><td>REAL</td></tr></table>					NEW	VICE	I. A.	REAL																																																			
NEW	VICE	I. A.	REAL																																																								
15. SEX F		16. APPROPRIATION FROM: 7-6509-20		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes																																																							
TO: 750-13				18. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY) 8 Apr 1957																																																							
20. REMARKS: RC-153 Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination.																																																											
21. DOD: 04/08/57 CSMOD: 04/08/57 LCD: 04/08/57 ECD: 04/08/57 PEI due: 04/20/58																																																											
POSTED																																																											
APR 1957																																																											
ENTRANCE PERFORMANCE RATING:																																																											
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ENTRANCE PERFORMANCE RATINGS:

• • • •

LCD: 04/03/57
ECD: 04/03/57

PEI due: 04/20/53

Definitions of Fraction

Director of Personnel 4. PERSONNEL FOLDER COPY

POSTED

15133

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 25935	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) TARASOFF, ANNA			2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE GS-6
5. SD D			6. CURRENT STATION DDP CI STAFF/SIG/PROJ HEADQUARTERS		
7. OFF/DIV/BR. OF ASSIGNMENT			8. CHECK (X) TYPE OF REPORT		
INTELLIGENCE CLERK			INITIAL	REASSIGNMENT SUPERVISOR	
CAREER RESERVE TEMPORARY			ANNUAL	REASSIGNMENT EMPLOYEE	
CAREER-PROVISIONAL (See Instructions - Section C)			X SPECIAL (Specify): Terminal		
SPECIAL (Specify)			12. REPORTING PERIOD (From - To) 1 July 1962 - 30 June 1963		
11. DATE REPORT DUE IN O.P. 31 July 1963					
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Transliterates Russian material					RATING LETTER P
SPECIFIC DUTY NO. 2 Checks Project material which entails transliterating from the Cyrillic					RATING LETTER P
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during supervisor's absence					RATING LETTER A
SPECIFIC DUTY NO. 4 Operates Xerox machine					RATING LETTER A
SPECIFIC DUTY NO. 5 Guides others in Project learning Russian transliteration					RATING LETTER A
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER A
20 JUN 1963					

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

Subject's Russian transliteration work is neat and accurate. This work she has been able to do without strong support of the office.

Recently she has assisted some of the new Project employees in learning Russian transliteration.

She has taken over in an acceptable manner some of the supervisory duties during the absence of the supervisor.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

7 June 63

Arnold Tarasoff

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

27 months

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

7 June 63

Intelligence Assistant

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

7 June 63

Chief, 01/Project

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 25935	
GENERAL					
1. NAME TARASOFF Anna		2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE GS-6	5. SD D
6. OFFICIAL POSITION TITLE INTELLIGENCE CLERK		7. OFF/DIV/BR OF ASSIGNMENT DDP/GI/SIG/PROJ		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):		10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		11. REPORTING PERIOD (From - To) 31 July 1962 - 30 June 1962	
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>					
SPECIFIC DUTY NO. 1 Transliterates Russian material.		RATING LETTER P			
SPECIFIC DUTY NO. 2 Operates Verifax machine.		RATING LETTER A			
SPECIFIC DUTY NO. 3 Checks Project material which entails transliterating from the Cyrillic.		RATING LETTER A			
SPECIFIC DUTY NO. 4 Takes over some Supervisory duties during absence of Supervisor.		RATING LETTER A-			
SPECIFIC DUTY NO. 5		RATING LETTER			
SPECIFIC DUTY NO. 6		RATING LETTER			
OVERALL PERFORMANCE IN CURRENT POSITION					
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>					
FORM 45 OBSOLETE PREVIOUS EDITIONS. 4-62		SECRET			
		GROUP 1 Excluded from automatic downgrading and declassification			

SECRET

(REDACTED)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject does her job without strong support of the office and her transliteration work is neat and accurate. She has taken over some of the supervisory duties during the absence of the supervisor in a satisfactory manner.

SECTION D

CERTIFICATION AND COMMENTS

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

3 August 1962

Anna Tarasoff

BY SUPERVISOR

2.

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3 August 1962

Intelligence Assistant

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur -

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 August 1962

Chief, CI-Project

SECRET

SECRET
(When Filled In)

FITNESS REPORT			GENERAL	EMPLOYEE SERIAL NUMBER		
SECTION A			1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	
TARASOFF Anna			5 MAY 1923	F	4. GRADE	
5. SERVICE DESIGNATION			6. OFFICIAL POSITION TITLE	7. OFF/DIV/GR OF ASSIGNMENT		
D			INTELLIGENCE CLERK	DDP/C1/SIG PROJ		
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR		
X PENDING	DECLINED	DENIED	X ANNUAL	REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P.			11. REPORTING PERIOD			
31 JULY 1961			From 30 JUNE 60 - 30 JUNE 61			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employee supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4			RATING NO.
Transliterates Russian material.		4	Makos name checks.			5
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5			RATING NO.
Operates Verifax machine.		5				
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6			RATING NO.
Takes over some supervisory duties during absence of Supervisor.		3				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
<ul style="list-style-type: none"> 1. Performance in many important respects fails to meet requirements. 2. Performance meets most requirements but is deficient in one or more important respects. 3. Performance clearly meets basic requirements. 4. Performance clearly exceeds basic requirements. 5. Performance in every important respect is superior. 6. Performance in every respect is outstanding. 						
RATING NO. 3						
SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	
GETS THINGS DONE				1	2	
RESOURCEFUL				3	4	
ACCEPTS RESPONSIBILITIES				5		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						
DOES HIS JOB WITHOUT STRONG SUPPORT						
FACILITATES SMOOTH OPERATION OF HIS OFFICE						
WRITES EFFECTIVELY						
SECURITY CONSCIOUS						
THINKS CLEARLY						
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						
OTHER (Specify):						
SEE SECTION "E" ON REVERSE SIDE						

SECRET

(When Filled In)

CONFIDENTIAL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MAIL ROOM

No further comments to be added to previous reports.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

12 July 1961

SIGNATURE OF EMPLOYEE

Arnold Tarasoff

2.

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

app. 2 months

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

12 July 1961

Intelligence Assistant

BY REVIEWING OFFICIAL

3.

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

12 July 1961

Chief, CI-Project

SECRET

SECRET
(When Filled In) C-1

24 APR 1961					EMPLOYEE SERIAL NUMBER						
FITNESS REPORT					125935						
SECTION A GENERAL											
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX 4. GRADE						
TARASOFF, Anna			5 May 1923		F GS-6						
5. SERVICE DESIGNATION 6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT								
D INTELL CLERK			DPP/CI STAFF/SIG/PROJ.								
8. CAREER STAFF STATUS			9. TYPE OF REPORT								
X NOT ELIGIBLE	MEMOR	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR							
PENDING	DECLINED	DENIED	X ANNUAL	REASSIGNMENT/EMPLOYEE							
10. DATE REPORT DUE IN D.P.		11. REPORTING PERIOD		SPECIAL (Specify)							
30 April 1961		From 31 March 60 - 31 March 61 To									
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding					
SPECIFIC DUTY NO. 1		SPECIFIC DUTY NO. 2		SPECIFIC DUTY NO. 3		RATING NO.					
Transliterates Russian material.		Operates Verifax machine.		Takes over some supervisory duties during absence of supervisor.		5					
SPECIFIC DUTY NO. 4		SPECIFIC DUTY NO. 5		SPECIFIC DUTY NO. 6		RATING NO.					
Makes name checks.						5					
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. 3					
SECTION D DESCRIPTION OF THE EMPLOYEE											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	5 - Outstanding degree				
CHARACTERISTICS					NOT APPLI-CABLE	NOT OBSERVED	RATING				
GETS THINGS DONE							X				
RESOURCEFUL							X				
ACCEPTS RESPONSIBILITIES							X				
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X				
DOES HIS JOB WITHOUT STRONG SUPPORT							X				
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X						
WRITES EFFECTIVELY							X				
SECURITY CONSCIOUS							X				
THINKS CLEARLY							X				
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X						
OTHER (Specify)											
SEE SECTION "E" ON REVERSE SIDE											

SECRET OFFICE

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTION B, C, and D to provide the best basis for determining future personnel actions.

No further comments to be added to previous report. *Mail soon*

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

12 April 1961

SIGNATURE OF EMPLOYEE

Anne T. Macmillan

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

App. 3 years

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

12 April 1961

OFFICIAL TITLE OF SUPERVISOR

Intelligence Assistant

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

12 April '61

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI-Project

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 125935	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
TARASOFF, Anna		5 May 1923		F	G3-05
5. SERVICE DESIGNATION SD/D		6. OFFICIAL POSITION TITLE Intelligence Clerk		7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/SID-Projects	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. 30 April 1960		11. REPORTING PERIOD From Apr 59 - 31 March 60 To		SPECIAL (Specify)	
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1. Unsatisfactory		2 - Barely adequate	3 - Acceptable	4 - Consistent	5 - Excellent
SPECIFIC DUTY NO. 1 Transliterates Russian material.		RATING NO. 4	SPECIFIC DUTY NO. 4 Checks transliteration work of other Junior Analysts.		RATING NO. 4
SPECIFIC DUTY NO. 2 Operates Verifax machine.		RATING NO. 5	SPECIFIC DUTY NO. 5 Checks file list.		RATING NO. 4
SPECIFIC DUTY NO. 3 Takes over some Supervisory duties during absence of Supervisor.		RATING NO. 3	SPECIFIC DUTY NO. 6		RATING NO.
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					
RATING NO. 3					
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY			X		X
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			X		
OTHER (Specify):					
SEE SECTION "E" ON REVERSE SIDE					

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

This employee is a conscientious worker and willingly carries out all of her assignments within a reasonable length of time. Her transliteration work is accurate and fairly productive.

During the absence of the Supervisor, this employee has taken over some of the supervisory duties in an acceptable manner. However, it is believed that she requires more training in this field.

This employee is scheduled to take the Agency Basic Supervision course on 2 May 1960.

SECTION F

CERTIFICATION AND COMMENTS

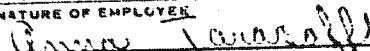
BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

25 April 1960

SIGNATURE OF EMPLOYEE



2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

Approximately 2 years

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

25 April 1960

OFFICIAL TITLE OF SUPERVISOR

Intelligence Assistant

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPE OR PRINTED NAME AND SIGNATURE

25 April 1960

Chief, CI-Project

SECRET

SECRET
(When Filled In)

21

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 125935	
SECTION A					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
TARASOFF, Anna			5 May 1923	F	GS-05
5. SERVICE DESIGNATION SD/DS		6. OFFICIAL POSITION TITLE Intelligence Clerk		7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/SID - Projects	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
X NOT ELIGIBLE PENDING	MEMBER DECLINED	DEFERRED DENIED	INITIAL ANNUAL SPECIAL (Specify)	REASSIGNMENT/SUPERVISOR REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. 30 April 1959		11. REPORTING PERIOD From 22 Oct 58 thru Apr 59 To			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
SPECIFIC DUTY NO. 1 Checks transliteration material of Junior Analysts.		RATING NO. 3	SPECIFIC DUTY NO. 6		
SPECIFIC DUTY NO. 2 Transliterates Russian material into English.		RATING NO. 4	SPECIFIC DUTY NO. 5		
SPECIFIC DUTY NO. 3 Operates Verifax machine.		RATING NO. 4	SPECIFIC DUTY NO. 6		
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 3
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	RATING
CHARACTERISTICS				NOT APPLI-CABLE	NOT OBSERVED
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY					X
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (Specify):					
SEE SECTION "E" ON REVERSE SIDE					

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

This employee is a steady, diligent, and conscientious worker. Her transliteration work is accurate and productive. She has a native language ability in Russian which is a definite aid in her transliteration work.

Although this employee's work is productive, her rate of production generally remains at a fixed level, with no substantial increase or decrease. This is probably due to the fact that there are no other girls with whom she can compete because of other duties being assigned to them, or this employee may be of a non-competitive type.

This employee, although she does not meet the Agency qualifications in typing, has taken the Agency's Refresher Course in Typing. However, this course was too advanced for her and she will probably require additional training and more practice before she can become a qualified typist.

Employee's husband is employed within the Agency in the Foreign Documents Division.

It is believed that this employee has first line supervisory potential insofar as her ability to get along with people and her unwavering interest in her work are concerned. However, she will require the necessary training along this line before she would be capable of undertaking such supervisory duties.

SECTION F

CERTIFICATION AND COMMENTS

BY EMPLOYEE

1.

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

9 April 1959

SIGNATURE OF EMPLOYEE

Lillian T. Tonawoff

BY SUPERVISOR

2.

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

10

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

9 April 1959

OFFICIAL TITLE OF SUPERVISOR

Intelligence Assistant

TYPED OR PRINTED NAME AND SIGNATURE

3.

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

9 April 1959

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI-Project

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET

(When Filled In).

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

GENERAL			
1. NAME Tarasoff, Anna	2. DATE OF BIRTH 5/5/23	3. SEX F	4. SERVICE DESIGNATION SD:DS
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/CI Staff/SID Proj.		6. OFFICIAL POSITION TITLE Intel Clk	
7. GRADE GS-4	8. DATE REPORT DUE IN OP 23 June 1958-22 October 1958	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
10. TYPE OF REPORT (Check one) ANNUAL		REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify) Possible promotion

SECTION B.

1. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY
NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:			
<input checked="" type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINION OF THIS INDIVIDUAL.		
<input type="checkbox"/>	THIS REPORT REFLECTS THE COMBINED OPINION OF MYSELF AND PREVIOUS SUPERVISORS.		
<input checked="" type="checkbox"/>	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.		
B. THIS DATE 21 October 1958		AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE Intelligence Asst.

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.		
A. THIS DATE 21 October 1958	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, C/I Project

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

4	1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
	2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

BY	DATE
<i>John C. Clark</i>	<i>29 Oct 1958</i>

SECRET

(When Filled In)

1. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in the performance of this specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty. *Do not rate as supervisor those who supervise a secretary only.*

d. Compare, in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate *each* on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEP'S BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
3 - PERFORMS THIS DUTY ACCEPTABLY	8 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Transliterates Russian material into English.	RATING NUMBER 4	SPECIFIC DUTY NO. 4	RATING NUMBER
SPECIFIC DUTY NO. 2 Reproduces material on verifax machine.	RATING NUMBER 4	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Employee's work is productive and her accuracy has improved steadily. She is cooperative and conscientious and is willing to learn additional duties which may be assigned to her.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents,...and how he fits in with your team. Compare him with others doing similar work of about the same level.

1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES, EXPLAIN FULLY:

SECRET

SECRET

Form Filled In

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has closed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the DDC no later than 30 days after the due date indicated in item 8 of Section "E" below.

GENERAL						
SECTION E.	1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
	Tarasoff,	Anna		5/5/23	F	SD:DS
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT				5. OFFICIAL POSITION TITLE		
DDP/CI Staff/SID Proj.			Intel Clk			
7. GRADE	8. DATE REPORT DUE IN OF		9. PERIOD COVERED BY THIS REPORT (Inclusive dates)			
GS-4			23 June 1958-22 October 1958			
10. TYPE OF REPORT (Check one)	INITIAL	CLASSIFICATION: 1. PERIODIC		2. REASSIGNMENT: 1. PERIODIC		11. SPECIAL (Specify)
	ANNUAL					Possible promotion

CERTIFICATION					
1. FOR THE RATER:	I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED				
4. THIS DATE	5. TYPED OR PRINTED NAME AND SIGNATURE OF RATER		6. SUPERVISOR'S OFFICIAL TITLE		
21 October 1958			Intelligence Asst.		
2. FOR THE REVIEWING OFFICIAL:	I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO				
4. THIS DATE	5. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL		6. OFFICIAL TITLE OF REVIEWING OFFICIAL		
21 October 1958	OFFICIAL		Chief, CI/Project		

ESTIMATE OF POTENTIAL					
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES	DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.				
6	<ul style="list-style-type: none"> 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES 				

2. SUPERVISORY POTENTIAL						
DIRECTIONS: Answer this question: Does this person the ability to be a supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "Actual" column. If based on opinion of his potential, note the rating in the "potential" column.						
DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION					
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION						
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION						
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION						

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
	2	A GROUP DOING THE BASIC JOB (truck drivers, stereographers, technicians or professionals specialists of various kinds) with contact with immediate subordinates is frequent (First line supervisor)
	1	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisor)
	1	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	1	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	1	WHEN IMMEDIATE SUBORDINATE ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	1	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
		OTHER (Specify)

SECRET

(When Filled In)

SECRET

9. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN IN YOUR SUPERVISION
5 Months

4. COMMENTS CONCERNING POTENTIAL

Have no opinion concerning employee's potential at this time.

Oct 24 1958
02 PM '58

MAIL ROOM

SECTION H.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

On-the-job training is all that is necessary for this employee at this time.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

Employee is a conscientious and diligent individual. She readily carries out the various duties assigned to her and shows a willingness to take on any additional assignments.

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
3	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
3	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITY	3	23. IS THOUGHTFUL OF OTHERS
3	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
3	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	3	25. DISPLAYS JUDGEMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
3	7. CAN GET ALONG WITH PEOPLE	3	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
3	8. HAS MEMORY FOR FACTS	3	18. IS OBSERVANT	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
3	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part Ia of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section 'A' below.

GENERAL			
1. NAME TARASOFF, Anna	2. DATE OF BIRTH 5 May 1923	3. SEX F	4. SERVICE DESIGNATION DS
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/FI/D/PB			
6. GRADE GS-4	7. DATE REPORT DUE IN OP 14 July 1957	8. PERIOD COVERED BY THIS REPORT (Exclusive dates) 14 July 1957 - 31 December 1957	
10. TYPE OF REPORT (Check one) ANNUAL	11. INITIAL	12. REASSESSMENT SUPERVISOR REASSESSMENT EMPLOYEE	13. SPECIAL (Specify)

CERTIFICATION			
1. FOR THE RATER: THIS REPORT <input checked="" type="checkbox"/> HAS <input type="checkbox"/> NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY Individual not present			
2. FOR THE REVIEWING OFFICIAL: THIS REPORT REFLECTS MY OWN OPINION OF THIS INDIVIDUAL'S PERFORMANCE.			
A. CHECK (X) APPROPRIATE STATEMENTS:		B. INDIVIDUAL IS RATED "F" IN C. 10. D. A WARNING LETTER WAS SENT TO HIM OR A COPY ATTACHED TO THIS REPORT.	
<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINION OF THIS INDIVIDUAL'S PERFORMANCE.		C. I CANNOT CERTAIN THAT THE RATED INDIVIDUAL KNOWS HOW TO EXERCISE HIS JOB PERFORMANCE BECAUSE (Specify): He is not present	
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINION OF MYSELF AND PREVIOUS SUPERVISORS.			
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.			
B. THIS DATE 31 Dec. 1957		C. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL Reviewed by [Signature]	

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.			
--	--	--	--

DATE 14 Jan 1958	
Reviewed by [Signature] 1/31/58	

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.			
4. THIS DATE 31 Jan 1958	5. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL Reviewed by [Signature]	6. OFFICIAL TITLE OF REVIEWING OFFICIAL Sup. Officer, FI/D/PB	

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC IN JUNCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET
(Leave Filled In)

OFFICE OF PERSONNEL

2. RATINGS IN PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties. *JAN 23 12-06 PM '58*

b. Rate performance on each specific duty considering ONLY effectiveness in performance of that duty. *MAIL ROOM*

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisor those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. No specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	TREPES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	3 - PERFORMS THIS DUTY ACCEPTABLY	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
SPECIFIC DUTY NO. 1						SPECIFIC DUTY NO. 4	
Logging Intelligence Material							RATING NUMBER
SPECIFIC DUTY NO. 2						SPECIFIC DUTY NO. 5	
Filing							RATING NUMBER
SPECIFIC DUTY NO. 3						SPECIFIC DUTY NO. 6	
Related Clerical Duties							RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Individual very alert and she performs all her duties in an accurate, competent and thorough manner. She is a definite asset to the office.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES, EXPLAIN FULLY:

SECRET

STANDARD FORM 56
REVISED JULY 1962
U. S. CIVIL SERVICE COMMISSION
CHAPTER 13, F.P.M.
SF-104

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees' Group Life Insurance Act

1. FULL NAME OF EMPLOYEE Tarasoff Anna		(First) (Middle)	2. DATE OF BIRTH (MONTH, DAY, YEAR) May 5, 1923
3. CHECK THE REASON FOR TERMINATING INSURANCE			
(a) <input checked="" type="checkbox"/> SEPARATED	(b) <input type="checkbox"/> DIED	(c) <input type="checkbox"/> WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(d) <input type="checkbox"/> RETIRED	(e) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS		(f) <input type="checkbox"/> OTHER (Specify) _____
4. CHECK APPROPRIATE BOX CONCERNING S. F. 54, DESIGNATION OF BENEFICIARY			
(a) <input type="checkbox"/> CURRENT S. F. 54 ATTACHED	(b) <input checked="" type="checkbox"/> A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/> A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)	
NOTE: IF EMPLOYEE (a) DIED OR (b) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (c) OR (d). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF EVENT CHECKED IN ITEM 3 September 8, 1963	6. ANNUAL COMPENSATION RATE - NOT AN AMOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5. \$ 5,545.00 PER ANNUM	7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) October 2, 1963	
8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)			
<input type="checkbox"/>		2 OCT 1963	
(Personal signature of authorized agency official)		(Date)	
<input type="checkbox"/>		(Title)	
(Type name of authorized agency official)		(Name of agency)	
<input type="checkbox"/>		(Mailing address of agency)	

Concert (p/n) Central Counter-visit

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

Standard Form No. 2009 CHAPTER I-5 FPM 6-14-59		FEDERAL EMPLOYEES HEALTH BENEFITS REGISTRATION FORM (Read L to R across or back of last page. Use only uppercase or lowercase letters.)				CARRIER'S CONTROL NO 092790																			
PART A ALL WHO REGISTER MUST FILL IN THIS PART.		1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH (Mo. Day Year) 5 5 23	3. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
		4. YOUR MAILING ADDRESS (NUMBER AND STREET) 2619 Fairlawn St., S.E., Washington 20003		(CITY AND ZONE NUMBER) D.C.	(STATE) D.C.	5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE																			
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.		6. Are you covered by, or is any family member listed below covered by, or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				7. Place an "X" in proper box to show your annual basic salary range. <input type="checkbox"/> UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 TO \$19,999 <input type="checkbox"/> \$10,000 TO \$19,999 <input checked="" type="checkbox"/> \$20,000 OR OVER <input type="checkbox"/> \$20,000 OR OVER																			
		8. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information required below from inside cover of brochure of the plan you select.) NAME OF PLAN		9. OFFICE (HIGH OR LOW)		10. ENROLLMENT CODE REQUIRED																			
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.		11. In space below list all living family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a legal or parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) NAME OF FAMILY MEMBERS DATE OF BIRTH (Month, Day, Year)				12. DATE OF BIRTH (Month, Day, Year)																			
		<table border="1"> <tr> <td>Wife or Husband</td> <td>1</td> <td></td> <td>6</td> </tr> <tr> <td></td> <td>2</td> <td></td> <td>7</td> </tr> <tr> <td></td> <td>3</td> <td></td> <td>8</td> </tr> <tr> <td></td> <td>4</td> <td></td> <td>9</td> </tr> <tr> <td></td> <td>5</td> <td></td> <td>10</td> </tr> </table>				Wife or Husband	1		6		2		7		3		8		4		9		5		10
Wife or Husband	1		6																						
	2		7																						
	3		8																						
	4		9																						
	5		10																						
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.		13. If you are a female (employee or annuitant) — does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																							
		14. PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES, AND ANSWER ITEM 3.				15. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband. <input checked="" type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/>																			
PART E ALL WHO REGISTER MUST FILL IN THIS PART		16. I elect to change my enrollment as shown by the enrollment number and other information in Part B.				17. 1. Enrollment code number of present plan. 2. Number of event which permits change (See rule on back of duplicate for proper number.)																			
		18. DATE RECEIVED IN EMPLOYING OFFICE		19. DATE OF event which permits change (Month, Day, Year)																					
PART F TO BE COMPLETED BY AGENCY.		20. NAME AND ADDRESS OF EMPLOYING OFFICE 13 June 1960				21. DATE RECEIVED IN EMPLOYING OFFICE																			
		22. NATURE OF AUTHORIZED SIGNATURE RE				23. PAYROLL ACTION (INITIALS AND DATE) 7/10/60																			
REMARKS 1-2 USE ONLY BY ANNUITANTS AND AGENCY.						24. APRIL 1959																			

STANDARD FORM 61
REVISED MARCH 1952
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER A8

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

Washington, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, Anna Tarasoff, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

8 Apr 1957
(Date of entrance on duty)

Anna Tarasoff
(Signature of Appointee)

Subscribed and sworn before me this 8th day of April A. D. 1957,
at Washington, D.C. (City) (State)

[SEAL]

John F. Foy
(Signature of Clerk)
Appointment Clerk
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State) 3819 Grinnellville St. SE Wash. D.C.			
2. (A) DATE OF BIRTH 5-5-39	(B) PLACE OF BIRTH (city and State or city and foreign country) Cleveland, Ohio		
3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY RONIS D THOMSOFF	(B) RELATIONSHIP Husband	(C) STREET AND NUMBER, CITY AND STATE 3819 Grinnellville St. SE	(D) TELEPHONE NO. DC 4-1380
4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.</i>			
NAME RONIS D. THOMSOFF	POST OFFICE ADDRESS 3819 Grinnellville St. SE	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED 1. 3819 Grinnell St., 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 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792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 132	

STANDARD FORM 144
REVISED SEPTEMBER 1964
U. S. CIVIL SERVICE COMMISSION
PPN CHAPTERS 11, 12, AND 13

**STATEMENT OF PRIOR FEDERAL
CIVIL AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS**

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT												PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)						2. DATE OF BIRTH						9. RETENTION GROUP		
TARASCE, Anna						1-5-29								
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)												10. A. CSC STATUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN			B. TYPE OF PRESENT APPOINTMENT			
		YEAR	MONTH	DAY	YEAR	MONTH	DAY							
WWE														
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												11. SERVICE		
BRANCH		FROM—			TO—			DISCHARGE (Hon. or dishon.?)			YEAR			
		YEAR	MONTH	DAY	YEAR	MONTH	DAY							
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												12. TOTAL SERVICE		
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.												13. NONCREDITABLE SERVICE (Leave purposes only):		
TYPE OF KNOWN (LWOP, Part. Susp., AWOL, Mer. Mar.)		FROM—			TO—			TOTAL			14. NONCREDITABLE SERVICE (RIF purposes only):			
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS				
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)												15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNMARRIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												16. RETENTION RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.												17. EXPIRATION DATE OF RETENTION RIGHTS		
Subscribed and sworn to before me on this _____ day of _____ 19_____ (MONTH) _____ (CITY) _____ (STATE) _____						_____ (SIGNATURE)								
S E A L <i>Anna Tarasce</i>														
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.														
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.														

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 52.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COM- PUTATION DATE (Leave Purposes)
Years						51
Months						11
Days						8

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COM- PUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

SECRET
(When Filled In)

APR

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</p>		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle) TARASOFF, ANN 2. CURRENT ADDRESS (No., Street, City, Zone, State) 2819 Gainesville St. S.E., WASH. 20, D.C. 3. PERMANENT ADDRESS (No., Street, City, Zone, State) 2819 Gainesville St. S.E., WASH. 20, D.C. 4. HOME TELEPHONE NUMBER 414-3445 5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE		
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. TARASOFF, Boris DIMITRI 2. RELATIONSHIP HUSBAND 3. HOME ADDRESS (No., Street, City, Zone, State, Country) 3819 Gainesville St. S.E., WASH. 20, D.C. 4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE 2940 E. ST. N.W. WASH. D.C. 5. HOME TELEPHONE NUMBER 414-3445 6. BUSINESS TELEPHONE NUMBER EX. 551 7. BUSINESS TELEPHONE EXTENSION EX. 551 8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. MR. & MRS. T. HANNAH 1360 DENVER AVE. CLEVELAND 5 OHIO		
SECTION III MARRITAL STATUS		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED 2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.		
3. NAME (First) Boris (Middle) DIMITRI (Last) TARASOFF 4. DATE OF MARRIAGE 3-10-45 5. PLACE OF MARRIAGE (City, State, Country) CLEVELAND, OHIO 6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) 620 W. 141 ST. NEW YORK, N.Y. 7. LIVING YES 8. DATE OF DEATH FOR COODED 9. CAUSE OF DEATH DEATH 10. CURRENT ADDRESS (Give last address, if deceased) 2819 Gainesville St. S.E., WASH. 20, D.C. 11. DATE OF BIRTH 2 NOV 1908 12. PLACE OF BIRTH (City, State, Country) EXKATERINOSLAV, RUSSIA DATE 25 AUG 1958 13. IF BORN OUTSIDE U.S.-DATE OF ENTRY 14. PLACE OF ENTRY NEW YORK, N.Y. 14. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) BLUE TRIANGLE CLUB (Cyrus) 15. CITIZENSHIP (Country) U.S.A. 16. DATE ACQUIRED JAN 25, 1936 17. WHERE ACQUIRED (City, State, Country) LONG ISLAND, N.Y. U.S.A. 18. OCCUPATION FOREIGN DOCUMENTS OFFICER 19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) BLUE TRIANGLE CLUB (Cyrus) 20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) 2930 E. ST. N.W. WASH. D.C.		
SECTION III CONTINUED TO PAGE 2		

SECRET

(Data Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR <i>FEB. 3 1941 — Oct. 20 1979</i>	
22. BRANCH OF SERVICE <i>U.S. ARMY</i>	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED <i>China</i>
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

ENTERED ON DUTY WITH CEA FEB. 20, 1936

• SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		

• SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		

5. WITHOUT PREFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

SECTION V CONTINUED TO PAGE 3

SECRET

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (DO NOT SUBMIT COPIES UNLESS REQUESTED). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (NON-FICTION, SCIENTIFIC ARTICLES, GENERAL INTEREST SUBJECTS, NOVELS, SHORT STORIES, ETC.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
6-27-57 - 3-28-58	GS 9	FE/1D/PB/ TPE
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		

SEARCHING, FILING OF INTELLIGENCE MATERIAL & VARIETY OF CLERICAL DUTIES

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
3-3-58	GS 9	CI/SID/ PROJECT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		

TRANSLITERATING - RECORDS INFORMATION IN ACCORDANCE WITH ENCL. REQUIREMENTS

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

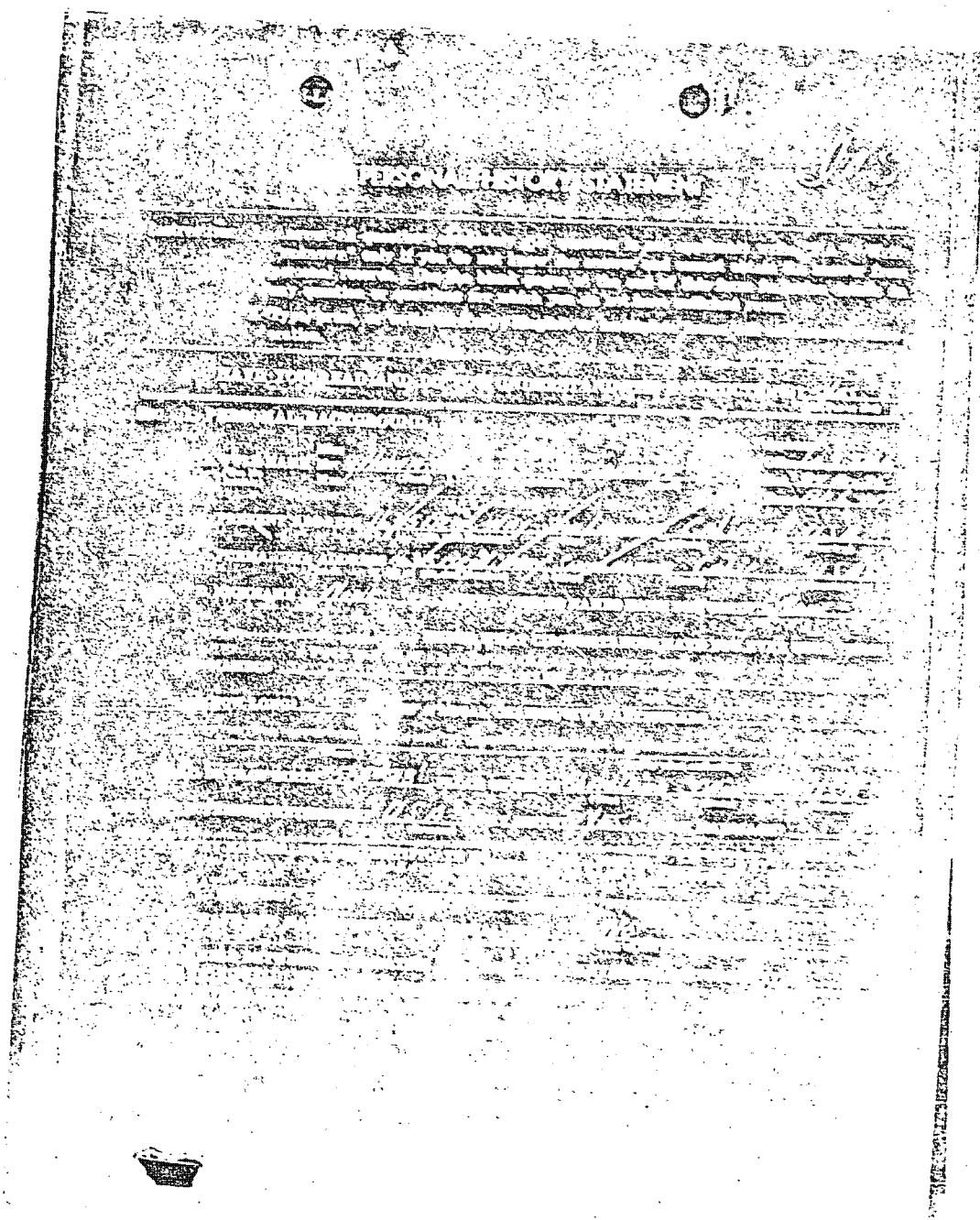
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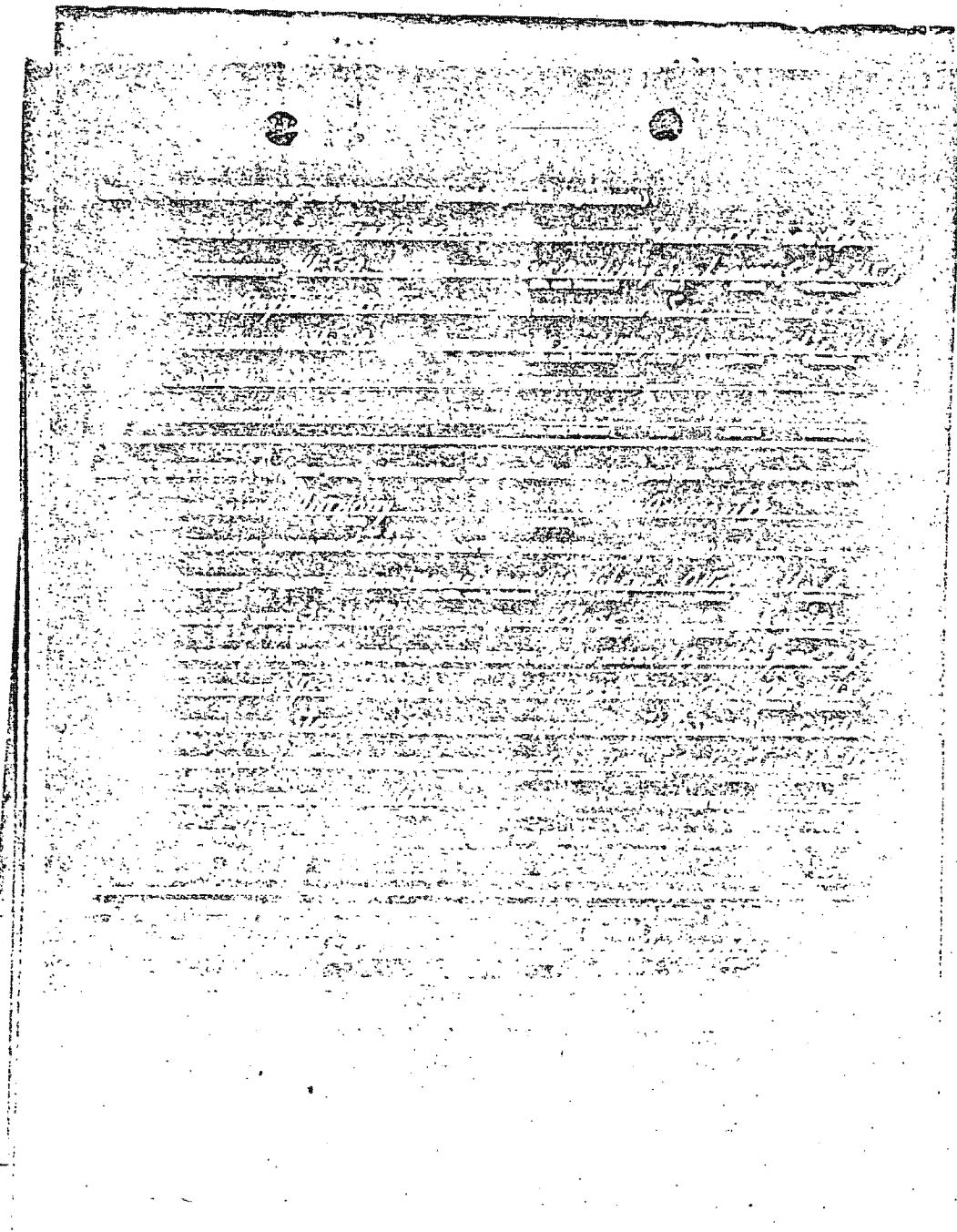
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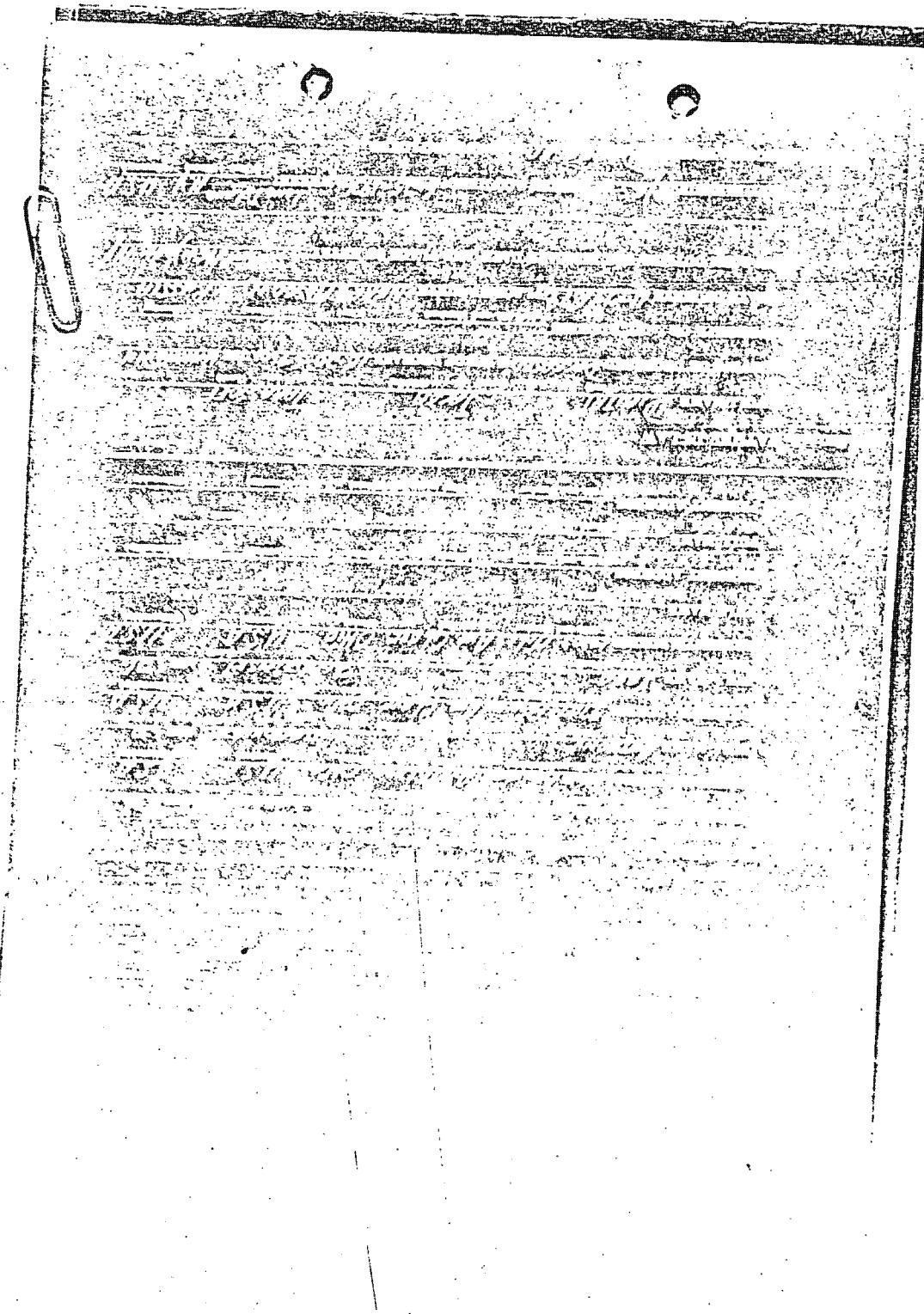
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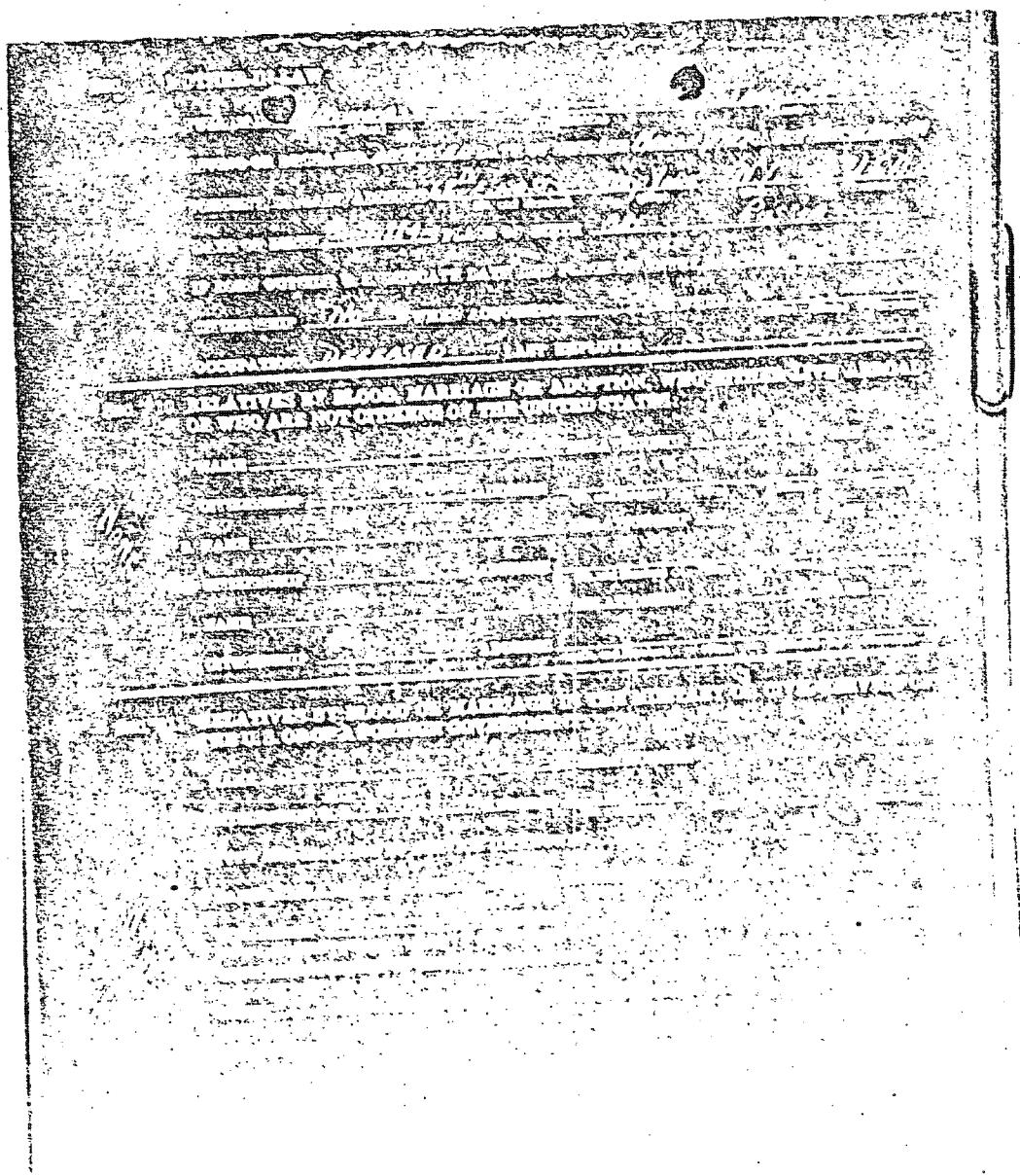
SECTION XII		CHILDREN AND OTHER DEPENDENTS				
1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.		2		3		
2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sibling, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.						
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS						
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			<input type="radio"/>	<input checked="" type="radio"/>		
REGGIE TARASOFF	DAUGHTER	21-12-45	<input checked="" type="radio"/>	<input type="radio"/>	YES	WASH. D. C. 289 CHINCHESTER, S.E.
RAYMOND TARASOFF	SON	20-3-49	<input checked="" type="radio"/>	<input type="radio"/>	YES	"
REGIS J. TARASOFF	HUSBAND	2-11-1908	<input checked="" type="radio"/>	<input type="radio"/>	YES	"
ADDITIONAL COMMENT, AND/OR CONTINUATION OF PRECEDING ITEMS						
DATE COMPLETED	SIGNATURE OF EMPLOYEE					

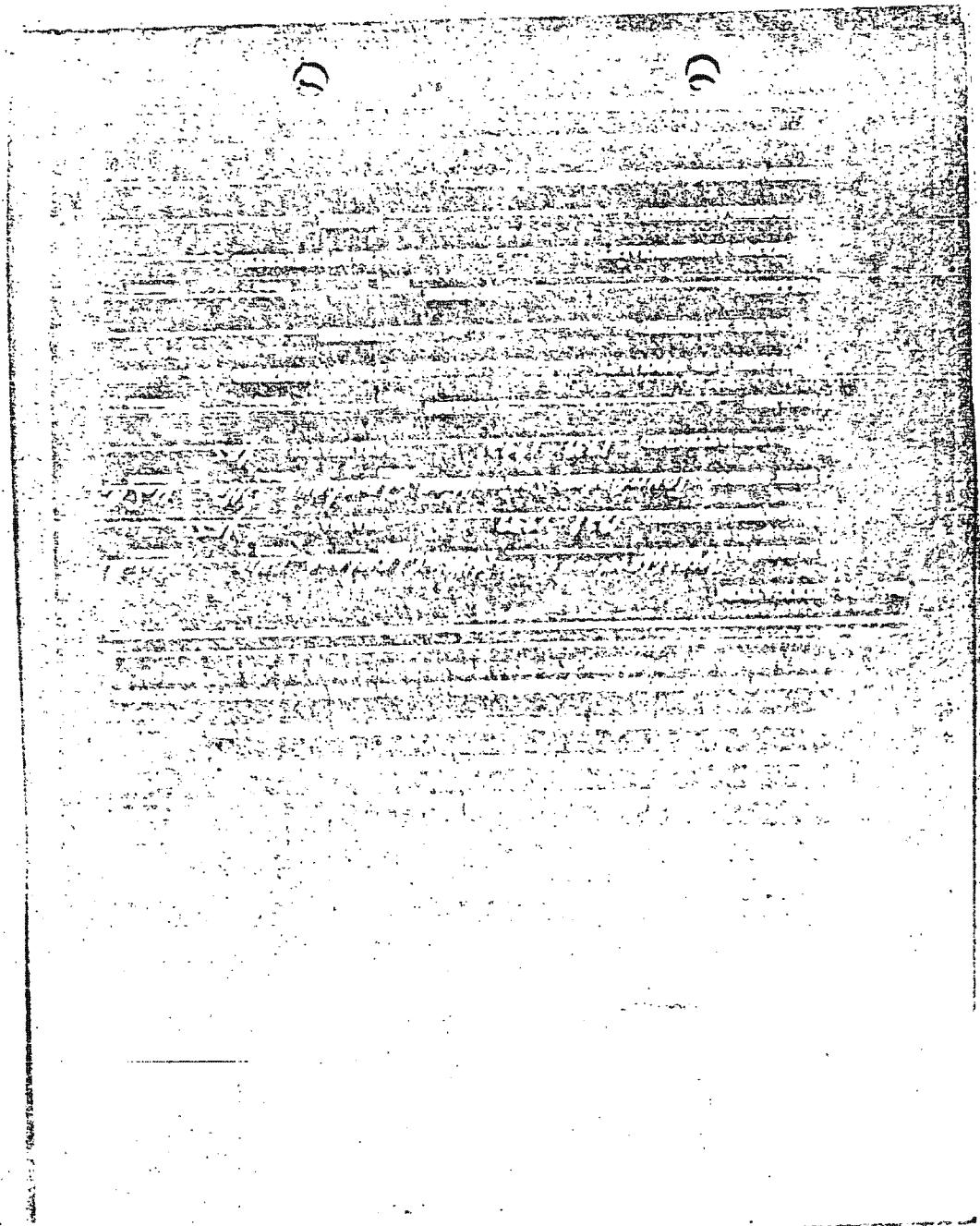
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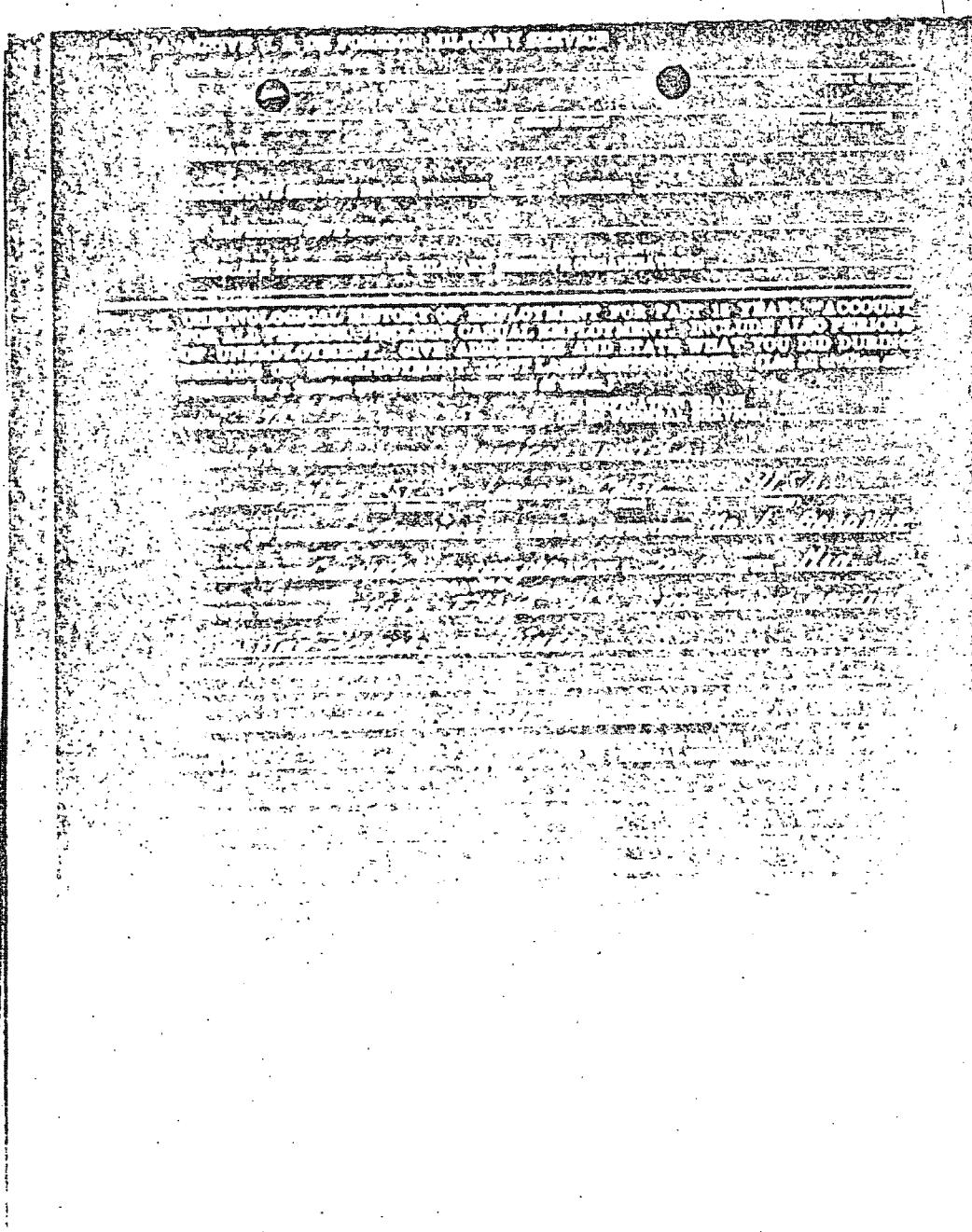


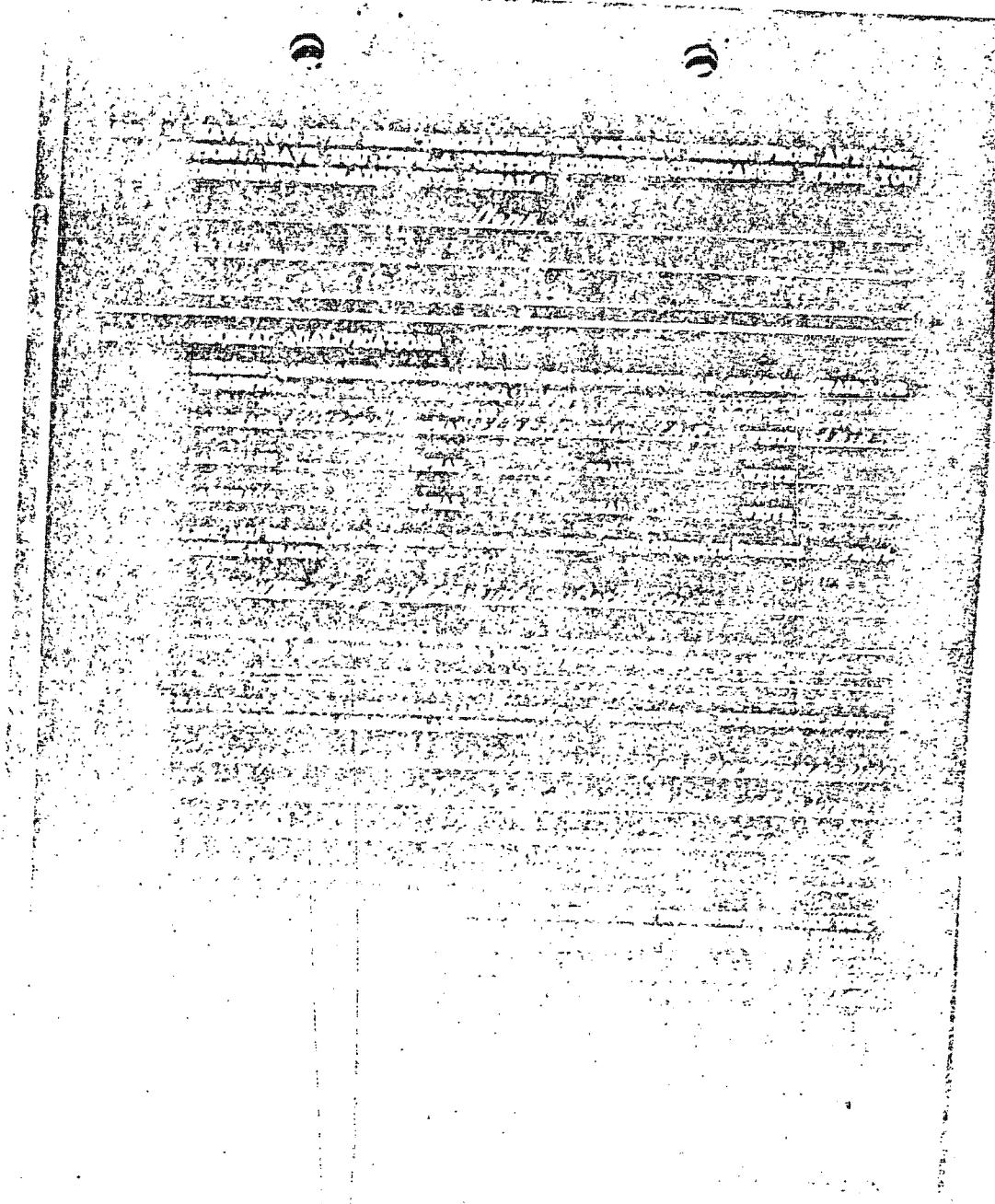


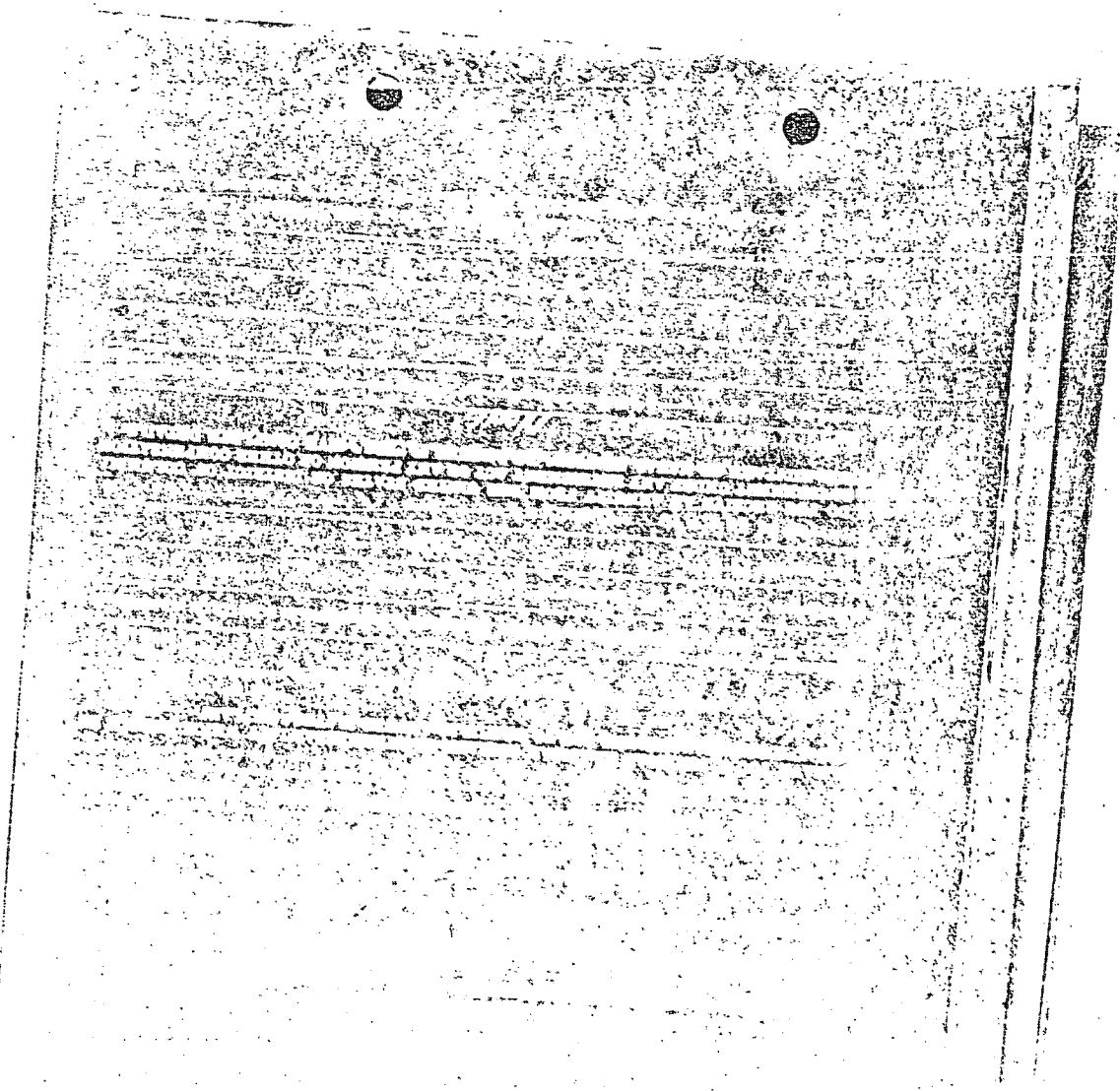


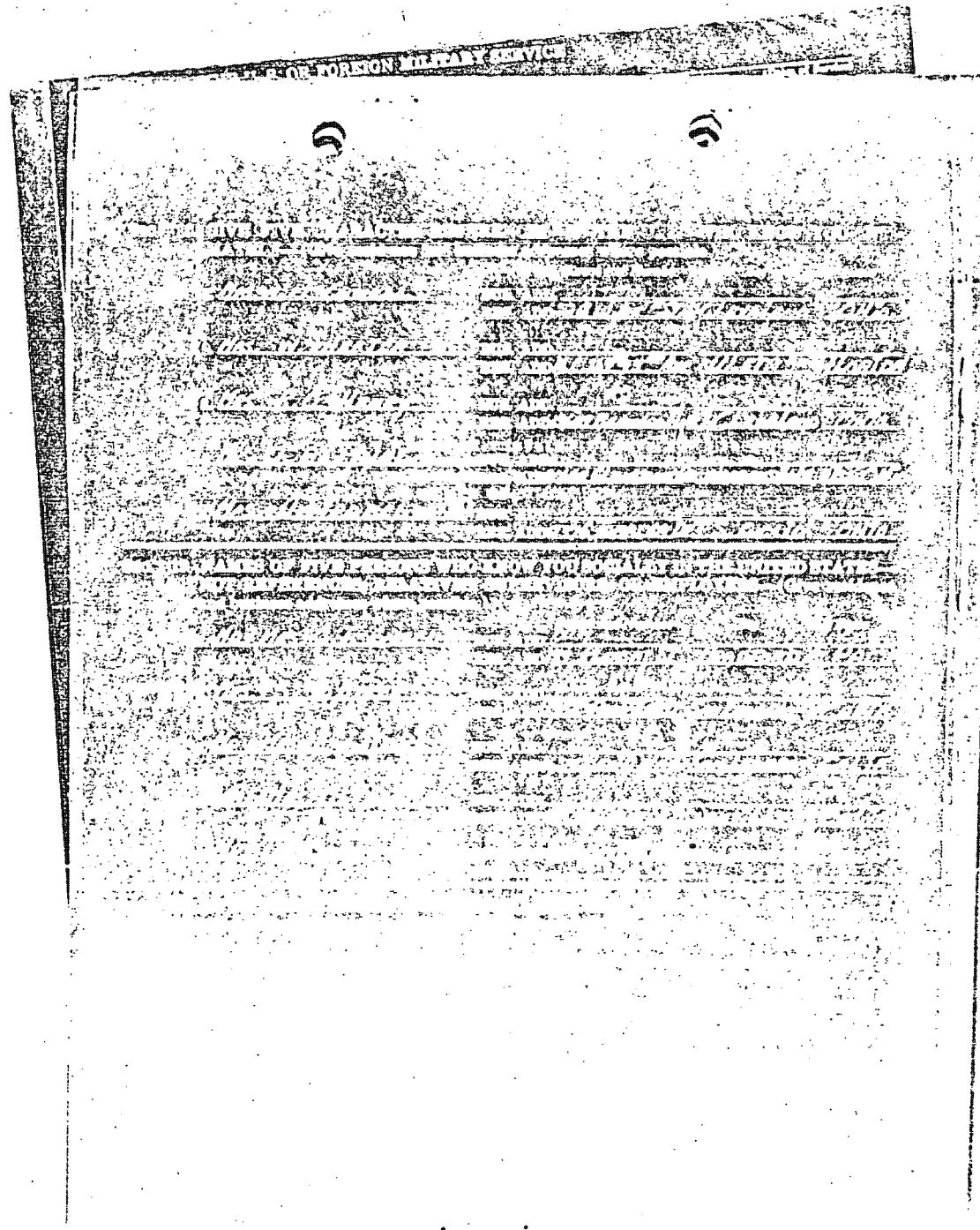


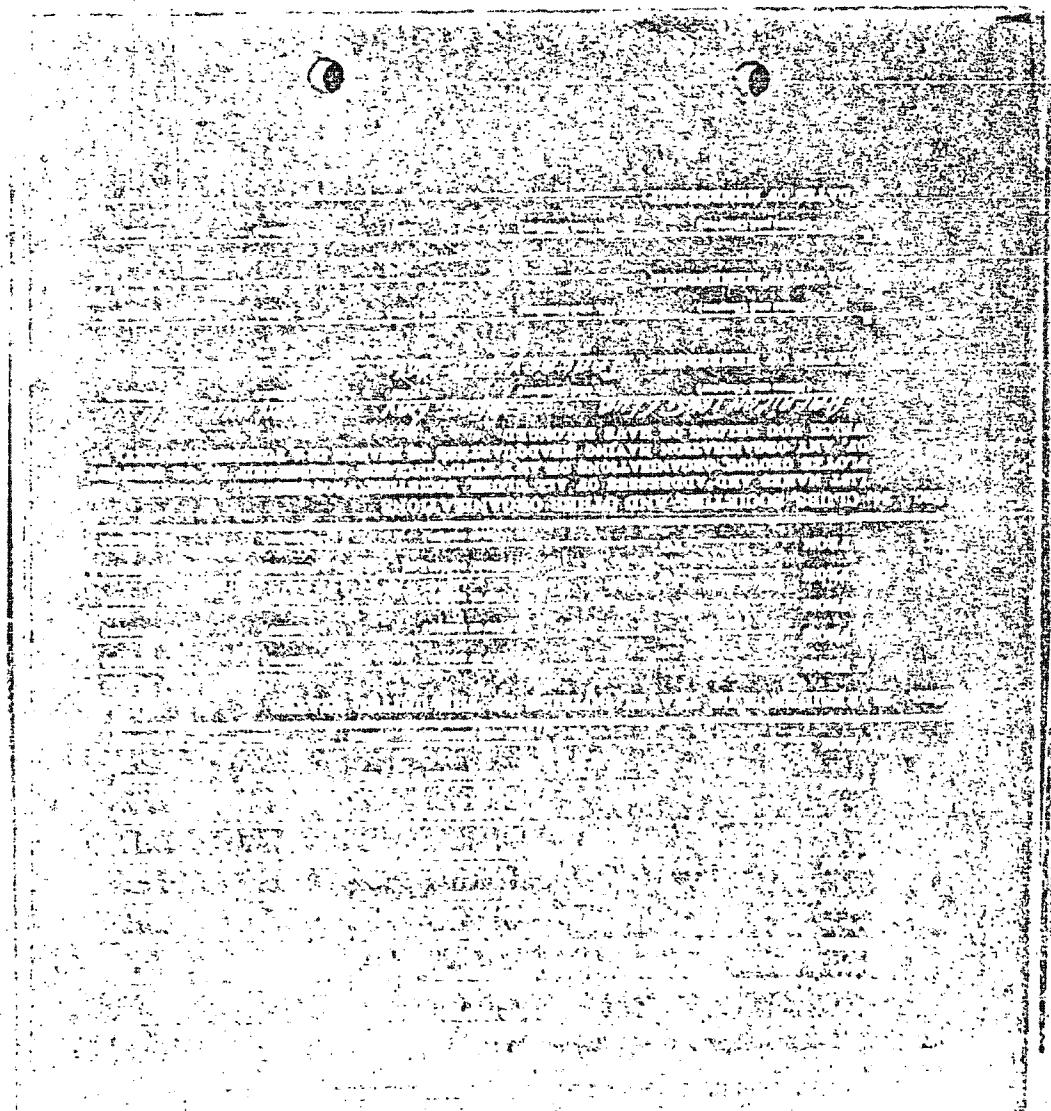


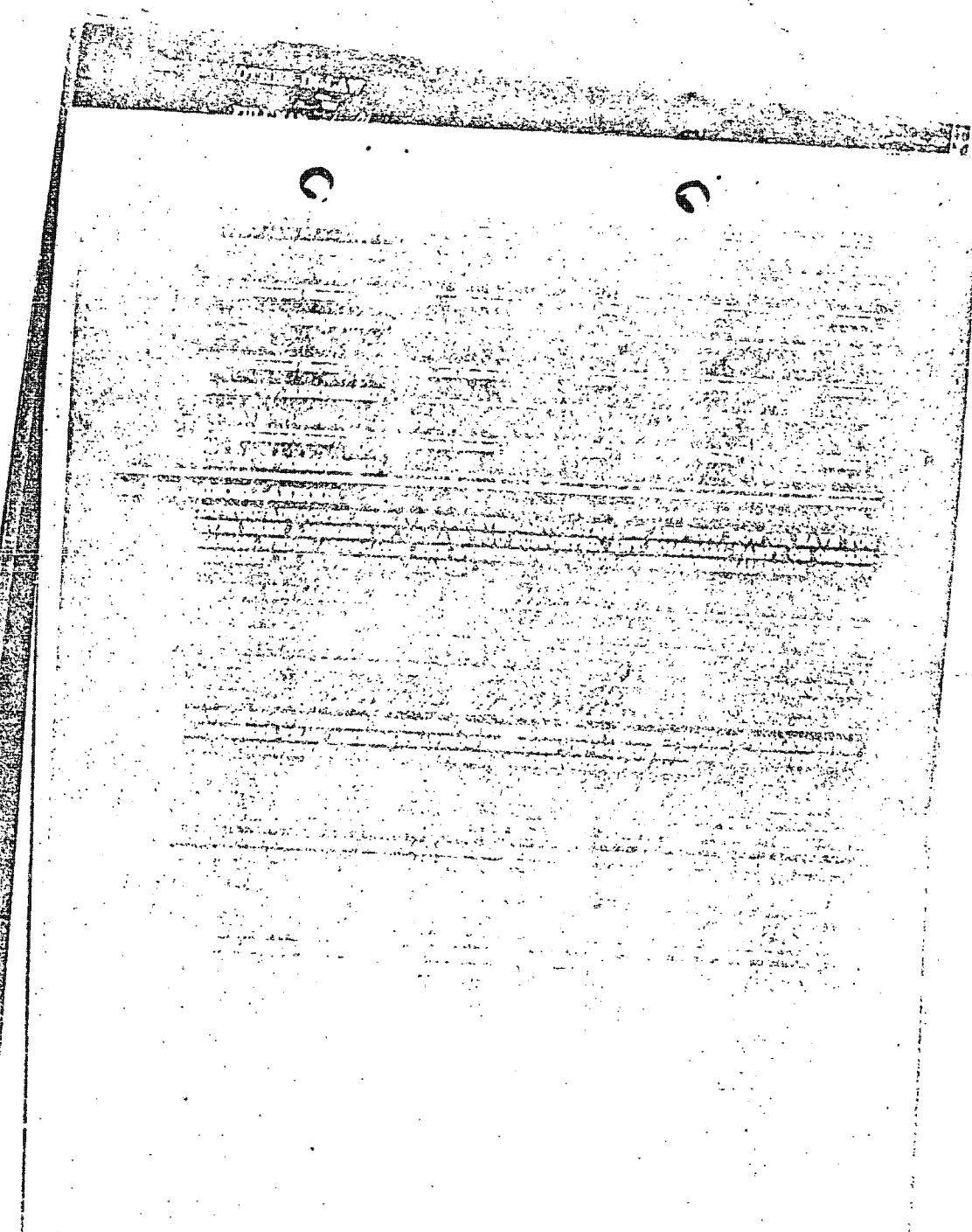


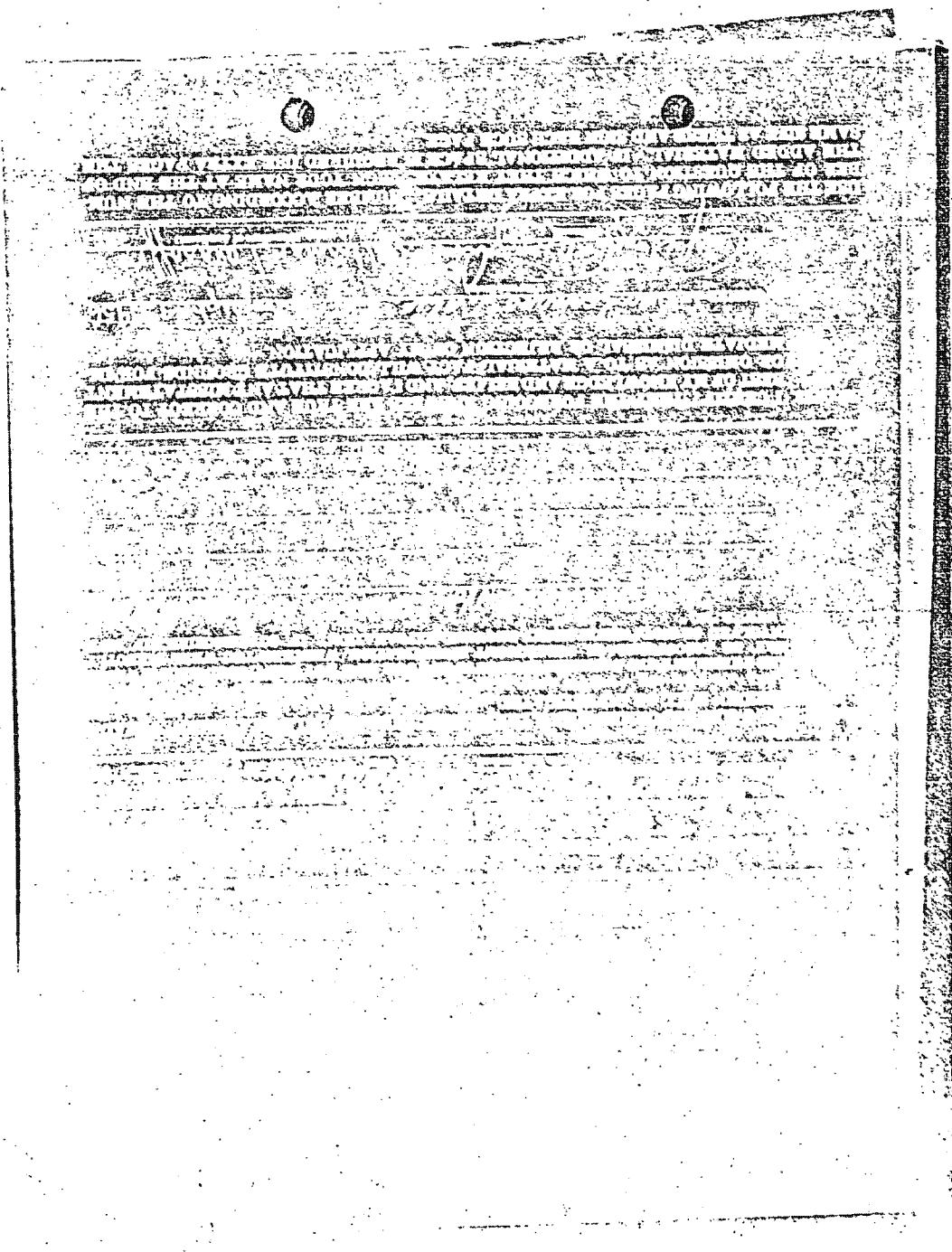












CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 29 May 1957

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: TARASOFF, Anna Adamovies

Your Reference: C-8238 *AS*

Case Number: 131751

1. This is to advise you of security action in the subject case as indicated below:
 - Security approval is granted the subject person for access to classified information.
 - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
 - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

W. M. Knott
W. M. Knott

See attached
6/7

CONFIDENTIAL

CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 19 March 1957

TO: Chief, Records and Services Division, OP
Personnel
FROM: Chief, Security Division, OS
SUBJECT: Tarasoff, Anna - #131751

Request No. C-2238

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: Interim Assignment Section

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

John Knott
John Knott

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